



ROYAL HISTORICAL SOCIETY OF VICTORIA Inc
LIBRARY

APPLICATION FOR THE USE OF MANUSCRIPTS COLLECTION

I wish to consult the documents listed below from the Manuscripts Collection. I agree to accept responsibility for the safety of such material in my care and to abide by the conditions imposed on its use.

CONDITIONS FOR THE USE OF MANUSCRIPTS

1. Lead pencils must be used for note taking
2. Tracing from documents is not permitted
3. Documents from the Manuscripts Collection will not be photographed or photocopied without the permission of the Librarian or attendant on duty
4. Original manuscripts held by the RHSV will not be published without the written permission of the Executive Officer
5. Manuscripts should be cited in publications in the form approved by the RHSV Council
6. The Librarian on duty must be notified whenever the reader leaves the reading room

Signature of the applicant: Date:.....

MANUSCRIPT REQUEST

NAME (Block letters):

ADDRESS & PHONE NO:

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PURPOSE FOR WHICH USE OF DOCUMENT IS REQUIRED:

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DOCUMENTS REQUIRED:

MS Number	Box Number	Description

DATE REQUIRED:

LIBRARIAN RECEIVING REQUEST: DATE:

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