



# CENTRAL NEW YORK AREA 47 ARCHIVES

## Research and Access Request

### *Requester Information:*

Date: \_\_\_\_\_

AA Member: Yes / No

Name: \_\_\_\_\_

Ph# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ (optional)

### *Research Subject/Information Requested:*

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### *Archivist/Archives Committee Response:*

Date request received: \_\_\_\_\_ Person receiving request: \_\_\_\_\_

Date request answered: \_\_\_\_\_

Request Status: Approved / Denied Reason: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_