

## **Application for Access to Restricted Material**

(Mae'r ddogfen hon hefyd ar gael yn Gymraeg | This document is also available in Welsh)

Title:	Last Name:	
Forename:	Institution / c	ompany etc:
Nature of research (please other (please specify)		thesis / dissertation / media / family /
Subject of research:		
Which restricted records do y	ou wish to see? (specify	full reference for each item e.g. CBG/602)
How do you intend to use da extract medical symptoms from		s in your research? (e.g. compile statistical analysis,
its access conditions if I am gr	anted access to the mater dvance of publication sho	rchives Reader's Undertaking, and agree to abide by rial specified above. I also undertake to provide the ould I wish to publish data from restricted access Date:
Staff use only		
Form received by:	Date:	
Donor/depositor permissions	necessary? Y / N	Specify collection/s:
Receipt of donor/depositor pe	ermission noted by:	Date:
Reader's application approved	? Y/N	
Reason for refusal of application	on:	
Signed:		Date:
Copy handed/sent to reader b	у:	Date: