

REQUEST FOR RESEARCH FIELDS

*** REQUIRED**

*Name: First: Last:

*Email:

Phone:

***Type of Research Request**

- ☐ I'd like to schedule an in-person research appointment
- ☐ I would like assistance researching a specific area

*Please provide a brief and detailed description of the area you are interested in researching.

***Consent**

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- ☐ I have read and understand the statement above regarding archival access and fees associated with assisted research.
- ☐ I understand that research requests may take up to 1-3 weeks.

Please scan and submit your completed Request Form to smhparchives@ttes.ca