

REQUEST FOR RESEARCH

* REQUIRED

*Name: First:

Last:

*Email:

Phone:

*Type of Research Request

I would 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 5 weeks.

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