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Researcher's Name (please print): _____

Email Address: _____ **Telephone Number:** _____

Permanent Address: _____

MUN Student Number: _____

MUN Course Number /Name/Instructor: _____

By signing below, I have read/understood and agree to abide by the above statements:

Researcher's Signature: _____ **Date:** _____

Archivist's Signature: _____ **Date:** _____

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