

Applicant Details

Name: _____

Phone: _____ Email: _____

Address: _____

Purpose of Information Request (Please enter details for **one** of the following three options)

Option 1: Part of study leading to a formal qualification

Formal qualification being undertaken: _____

Institution: _____

Faculty: _____

Supervisor Name: _____

Supervisor Position: _____

Supervisor's Signature: _____

Option 2: Project being conducted by a research institution or another organisation

Name of Organisation: _____

Name of person authorising this application: _____

Signature of authorising person: _____

Option 3: Private purposes other than study

Describe the purpose: (Attach any additional documentation in support of your application)

Project Description

Describe the project for which information is being sought.

Information Requested

Describe the information being sought from the Archives of the Catholic Education Office Melbourne.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Archivist Recommendation: _____

Approval: Application Approved / Not Approved _____

Assistant Director