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**Level Two:** Restricted Access. Only researchers who have completed the Application for Access to Restricted Records and gained written approval from the librarian or director of CSEP may access these records until January 1, 2020.

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## Application for Access to Restricted Records

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Research Topic (Briefly describe): \_\_\_\_\_  
\_\_\_\_\_

Research Plans (Briefly describe): \_\_\_\_\_  
\_\_\_\_\_

Publication Plans (Briefly describe): \_\_\_\_\_  
\_\_\_\_\_

Expected Time of Visit to library/duration of time needed to access level 2 of archive:  
\_\_\_\_\_

**In making this application, the applicant confirms that he or she has read the Center for the Study of Ethics in the Professions "Archives Access Policy" and agrees that this application, if granted, is subject to the Access Policy. This includes, not sharing the access username or password used to access restricted electronic records, or reprinting/quoting any section of any record in archival collections, other than what is allowed under Fair Use or with express permission of the author of the record. The applicant further understands that any failure to observe the Access Policy will result in withdrawal of permission to access archive collections.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form to CSEP Library in person or via regular mail, fax, or email. Please remember to either bring proof of identification to the library, or include a copy of proof of identification (such as a university or state-issued ID) with this form. Please allow at least 2 working days for a response.

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