Annex No. 3 MU Directive No. 2/2013 - Research rules of Masaryk University Archives

**MASARYK UNIVERSITY ARCHIVES**

**Request for use of recording device**

I, ……………………………………………. (name(s)and surname of researcher) request to use my own recording device (camera, scanner, video camera\*) to make copies of the below archival materials:

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 Date: ………………….

 Signature of researcher: …………………..... Approved by: ………………………..

\*) Cross out where not applicable.