

## Application for permission to consult archives with restricted access ('Archive Consultation Form')

Name and initials: .....

Card number: 341- .....

Address: .....

Postcode and town: .....

I hereby request permission to consult archive documents held by NIOD Institute for War, Holocaust and Genocide Studies.

Archive number: .....

Inventory numbers: .....

Purpose of the application: .....

.....

.....

The applicant declares that:

1. they will only use the data obtained from the restricted archives of the NIOD for the purpose mentioned above;
2. they will not make reproductions(including but not limited to photos/copies/scans) of restricted documents;
3. they will process the data obtained from the restricted archives of NIOD in accordance with the Copyright Act, the General Data Protection Regulation, and other applicable regulations. This means in any case that they are not allowed to publish, or otherwise make public, the personal data obtained from the restricted archives of the NIOD in such a way that any one's right to respect for their private life is violated or that persons involved in the matter, their surviving relatives, or third parties, may be disproportionately advantaged or disadvantaged;
4. they agree that publication or disclosure is not limited to publication in books, journals, or on the Internet, but comprises any oral or written communication to third parties, including the persons concerned;
5. they accept full liability, both under criminal and civil law, for the consequences of careless use of the data obtained through their access and indemnify NIOD against any liability for granting them access to the archive documents

Signature of applicant:

Seen and agreed by:

on behalf of the director of NIOD Institute for War,  
Holocaust and Genocide Studies,

Date: .....

Date: .....