

CITY OF VANCOUVER ARCHIVES
AGREEMENT FOR ACCESS TO RESTRICTED PRIVATE RECORDS

Name in full: _____ Tel.: _____

Address: _____

My research is for:

- historical purposes
- another purpose (describe) _____

and is intended for:

- personal use
- use by another individual (name) _____
- use by a company/organization (name) _____

Access to and permission to use the records described as

is hereby granted from _____, 20__ to _____, 20__

in accordance with this application and **subject to the following conditions:**

1. The following types of information are restricted and shall not be used in such a way as to permit identification of individuals or families:

- a) **Information about an individual's health care history, including a physical or mental disability;**
- b) **information about an individual's educational, financial, criminal or employment history;**
- c) **information contained in communications between lawyers and their clients.**

Exceptions to this rule will be made only with the prior written consent of the City Archivist.

2. I understand that I am responsible for maintaining the security and confidentiality of all such information found in or taken from these records.

3. I further agree to maintain the security and confidentiality of the following types of information *(to be completed by Archives staff)*:

over --->

4. Reports, papers, presentations, theses, or any other works that describe the results of the research undertaken will be written and/or presented in such a way that no link can be made between any restricted information found in the requested records and information that is publicly available from other sources. Exceptions to this rule will be made only with the prior written consent of the City Archivist.
5. The City Archivist has the right to review a draft of the product of my research (paper, article, manuscript, etc.) before publication or release to ensure compliance with the terms of the agreement.
6. The documents identified as fragile by an archivist may preclude photocopying and shall be handled only as directed by an archivist.
7. Any photocopies of requested records containing restricted information will be destroyed as soon as the information contained in the records is no longer required for the purposes of this research project. Destruction of the copies will be carried out in a manner which ensures that the information contained in them will not become accidentally available to any other person.
8. Access and permission to use may be withdrawn by the City Archivist at any time without notice.

I agree that I am bound by the terms and conditions contained in this agreement.

Applicant's signature

City Archivist/per

Date: _____