

CITY OF VANCOUVER ARCHIVES

APPROVAL BY ACADEMIC ADVISOR, FACULTY CHAIR AND/OR ETHICS COMMITTEE
FOR RESEARCH USING RECORDS CONTAINING PERSONAL INFORMATION

Date: _____

Name in full: _____

Address: _____

Academic affiliation: _____

Faculty/Department/Program: _____

Faculty member Position title: _____

Student

Description of research project and reason for requesting access to records containing personal information (attach additional pages as necessary):

To be completed by advisor or faculty chair:

I hereby confirm that the information provided is an accurate and complete statement of the research project and reason for requesting access to restricted records.

Name of Advisor: _____ Signature: _____

Name of Chair: _____ Signature: _____

Over ----->

To be completed by applicant:

I hereby confirm that the information provided is an accurate and complete statement of the research project and reason for requesting access to restricted records.

I agree that the results of my research will be disseminated in compliance with the City of Vancouver Archives Agreement for Access to Restricted Records.

My research topic and methods have been approved by my institution's ethics committee (documentation attached).

Applicant's signature: _____

City Archivist/Per: _____