



No:

Time Received:

REQUEST FORM FOR ARCHIVES AND DEPARTMENTAL RECORDS

ARCHIVES

DEPARTMENTAL RECORDS

- 01. Name : _____
- 02. I.C. /Passport No. : _____
- 03. Department/Institution : _____
- 04. Membership No. : _____
- 05. Table No. : _____
- 06. Telephone No : _____
- 07. E-mail : _____

08. Type of Records (Please tick (√) in the box provided) :

- () File
- () Publication
- () Map/Plan
- () Photograph
- () Others

09. Purpose of research :

** Please refer to LOGSHEET*

RULES FOR USING ARCHIVES

1. Persons referring to or having access to any archives shall handle them with care and shall not deface, fold, tear, mutilate or otherwise damage or destroy any archives
2. The publication and reproduction of the whole archives without written permission of the Chief Executive Officer, Pustaka Negeri Sarawak is strictly prohibited
3. Only pencils are allowed in the Research Room
4. Only five (5) items are allowed for reference at any one time
5. Archives are not allowed to be taken out of the Research Room
6. Photocopying of archive materials should be requested from officer on duty and the researcher shall pay for the cost

ACCEPTED AND AGREED :

Applicant's Signature : _____

Date : _____

To be filled by researcher
* To be filled by IS staff

LOGSHEET FOR ARCHIVE MATERIALS

* RESEARCHER CAN REFER TO 5 ITEMS ONLY AT ONE TIME

| Name: _____ | | | | | Page ____ of ____ |
|-------------|-----------------|---------|-----------|----------|-------------------|
| # No. | # Reference No. | # Title | * Box No. | *Checked | * Note |
| (A) | (B) | (C) | (D) | () | (E) |
| | | | | | |
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| | | | | | |

(OFFICE USE ONLY) IS & TS
(F)

Files received from.....on.....
(name) (date) (time)
Received by;
Name :.....
Signature:.....

(OFFICE USE ONLY) IS
(G)

Returned of records:
Date :.....
Time :.....
Checked by :.....

NOTE:

(OFFICE USE ONLY) TS
(H)

Returned to repository:
Date :.....
Time :.....
Returned :.....

NOTE: