

USAGE SHEET FOR A VISIT TO THE ARCHIVES

I. Personal data* (please use block letters):

Last name*: First name*: Academic degree:

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Occupation: Institution:

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Residential address*:

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Email*: Phone / cell phone:

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II. Research topic:

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III. I give the University Archives my consent to **disclose my research topic and my name** to other users:

- Yes No

IV. Purpose of the use of the University Archives (please select as appropriate, multiple answers are possible):

- | | | |
|--|--|---|
| <input type="checkbox"/> Diploma, bachelor's, or master's thesis | <input type="checkbox"/> Research project | <input type="checkbox"/> Television |
| <input type="checkbox"/> Dissertation | <input type="checkbox"/> Commemorative project | <input type="checkbox"/> Exhibition |
| <input type="checkbox"/> Habilitation thesis | <input type="checkbox"/> Private research | <input type="checkbox"/> Publication (in print or online) |
| <input type="checkbox"/> Other academic work | <input type="checkbox"/> Purposes of public administration | <input type="checkbox"/> Other |

* Required information

DECLARATION OF COMPLIANCE

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Vienna, (Date) (Signature)
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