

DALLAS _____
HOLOCAUST AND
HUMAN RIGHTS

MUSEUM

Dallas Holocaust and Human Rights Museum
Photocopy and Scan Request Form

Name:

Email:

Phone:

Address:

Primary purpose of request / intended use:

General research / personal interest

Class assignment

Genealogical research

Commercial / publication

Other:

Summary of research / project:

Collection name / book title:

Extent (segment of collection / pages in book):

Additional details / notes:

10/29/18