

Dallas Holocaust and Human Rights Museum Photocopy and Scan Request Form

Name:	<u> </u>	
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:		