

Application for Access to the Alan Mason Chesney Medical Archives
for Personnel, Student, or Proprietary Records of Deceased Individuals

The records or subject of records to which I seek access: _____

My authority for access: _____

The following person(s) will access the records: _____

The purpose of my request for access to these records: _____

I understand that federal law, state law and/or Johns Hopkins policies limit access to these records. I also understand that the Archives reserves the right to grant or deny access to any materials in its holdings.

Signature of Applicant

Date

(Please print or type name)

Archives Action:

Based upon the description of the purpose provided by the Requestor, and in reliance upon the Requestor's certification, the Staff of the Archives have determined as follows:

- The request for access is **approved** for the stated purpose.
- The request for access is **denied** for the stated purpose.

Signature of Archives Reviewer

Date