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