# **Research permit application formBHM Archaeological Archives**

# in accordance with Government decree 47/2001. (III. 27.)

Applicant’s Name[[1]](#footnote-1):

Telephone, E-mail:

Address (of institution):

ID number:

Purpose of the research:

Research subject:

Date:

…………………………. Applicant

1. By signing this form, the Applicant gives his/her permission for the personal information provided here to be recorded and handled by the Budapest History Museum for the purposes and duration specified in Section 4 of Government decree 47/2001 (III. 27.) on research in museological institutions. [↑](#footnote-ref-1)