**RESEARCH PERMIT APPLICATION FORM**BHM Aquincum Museum and Archaeological Park

Archaeological Collections

**The Applicant**:

Name, address (of institution):……………………………………………......………………..................

Telephone, E-mail address:...…………………………………………………………………..................

ID number:………………………………………………………………………………………..............

**Subject of the research:**

…………………………………………………………………………………………………................

……………………………………………………………………………………………..…..................

**Length of the research period:** ………………………………………………………….…..................

**Place of the research (name of the collection):** ……………………………………………..................

**Purpose of the research:**

Educational, academic, commercial, other:……………………………………………………................

**DECLARATION**

Aware of my legal liability, I, the undersigned, hereby declare that the above details are accurate. I further declare that I am familiar with and will follow the research regulations of the BHM Aquincum Museum and Archaeological Park (hereafter: Aquincum Museum) and other regulations concerning copyright. I accept liability for the condition and order of the documents which I receive for research from the Aquincum Museum and agree to send the bibliographic details of any publications made using the researched materials within 3 months of publication.

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.

Budapest, …………………………………….

……………………………….

 Applicant

**RESEARCH PERMIT**

Based on the application, I hereby grant the requested research permit.

The permit will expire on: ………………….

Budapest, …………………..

 ………………………………

 Noémi Népessy

 Director General