**BHM Kiscell Museum**

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**RESEARCH PERMIT**

Name: .........................................................................................................................................................

Institution: ..................................................................................................................................................

Subject of the research: ..............................................................................................................................

Purpose of the research: .............................................................................................................................

Collection(s) to be accessed: ......................................................................................................................

The research is commissioned by: .............................................................................................................

**DECLARATION**

Aware of my legal liability, I promise to preserve the condition of the items (blueprints, photographs, documents, maps, etc.) I receive for research from the collections of the BHM Kiscell Museum and to follow the regulations of the collections. I accept that failing to follow the research regulations will result in the withdrawal of the research permit. I agree to inform the BHM Kiscell Museum regarding the title and place and time of publication of any publications made based on research at the collections of the BHM Kiscell Museum, and to fulfil any obligations with respect to the terms of use in force and copyright payments.

Budapest, .........................................................

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Researcher

The research permit is:

Granted Not granted

Valid for the research subject specified until 31 December of this year.