

## User request for special collections

Last name, First name \_\_\_\_\_

Profession \_\_\_\_\_

Address / Home address \_\_\_\_\_

Name and address  
of client \_\_\_\_\_

(only disclosed when not  
for your own use) \_\_\_\_\_

Subject \_\_\_\_\_

Purpose  academic  official  private

Intended use  Term Paper  Bachelor Thesis  Master Thesis  
 Dissertation  Habilitation Thesis  Article  
 Book  Lecture  
 Other: \_\_\_\_\_

Name of the University  
and of the  
supervising professor \_\_\_\_\_

Requested materials \_\_\_\_\_

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**yes**  **no**

I wish to be informed, if any information as specified above is disclosed:

**yes**  **no**

!!! Please post the **completed** and **signed** form to the address above, send it by fax to +49 228 73-7546 or as scanned file by eMail to hl@ulb.uni-bonn.de !!!

on (date), \_\_\_\_\_

.....  
(signature)

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***Not to be completed by applicant***

Approved: