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Materials Requested (check all that apply)

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Other:

If from an archival Record Group, please include RG, series, box, and folder numbers; call number and title if from classified collections; artifact accession number, or other appropriate designation.

(Attach a separate List of Materials Requested if necessary.)

Use to be Made of Material Requested (check all that apply)

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(Anticipated Date or Duration of Use)

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Signature Print Name Date

Please mail completed form to:
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Attn: Ursula Hunt, Adm. Asst. or e-mail to Ursula.Hunt@ct.gov

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Name Title Date

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