



Part to be filled by EMC-RCMDD

Event :

Date:

Name:

STUDY REQUEST FORM

Name:			
Profession:		Affiliation:	
Academic Degree:		Nationality:	
Email:		Phone:	

Request: Object information Photograph(s) Other:

Purpose of request: Studying/Reference Publishing (scientific)

	Object(s) ID number(s)	Object(s) Description	Object(s) Location in EMC (to be filled by RCMDD)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

By signing this form, I do confirm that I have read and accepted the “Rules and Regulations for Scholars for the Acquisition of Images of EMC Objects” (General Guidelines + Required Documents + Photography Fees).

Place and Date:	Signature:
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