



Minnesota Historical Society Library
 345 Kellogg Boulevard West
 St. Paul, MN 55102-1906

Phone: 651-259-3300
 Fax: 651-297-7436
 Email: Library.Permissions@mnhs.org

Application and Use Agreement for Access to Restricted or Closed Records on Individuals in the Minnesota State Archives

My Name (please print) _____

Address _____ City _____ State _____ Zip _____

Daytime phone _____ Email _____

Name on record _____

Institution/Agency Name _____

Date of birth _____ Date of death _____

Admission date _____ Discharge date _____

Patient/Inmate/Student ID # _____ Box/Location Info _____

My purpose in accessing these records is:

- To see private information about myself
- Family history or genealogy. My relationship to the person above is: _____
- Professional genealogist, attorney, or other authorized representative of another party. (Evidence of authorization is required)
- Other. Please explain: _____

In order to gain access to the restricted record(s) described above, I agree:

- To supply the necessary and sufficient documentation to identify myself, the individual, the individual's date of birth/death, and my relationship to the individual
- To research only information pertaining to that individual
- To observe all rules regarding the use of materials in the Library
- To respect the privacy and confidentiality rights of all individuals recorded in the documents I use, including refraining from publishing any part of the documents or information included

Further, I understand that:

- MNHS staff will respond to my request as soon as possible, but in all cases within 5 business days
- Access may be granted or denied to a full record or access may be granted to a redacted version of the record.
- Access is granted or denied to only the undersigned person. Research partners, other family members, and/or other representatives must apply for permission separately.
- If access to the record is granted, copying, photographing, or otherwise duplicating the record may be granted or denied
- I may be liable for legal action if I violate this agreement; if I disclose any private data; or if I otherwise violate any laws regarding privacy, libel, slander, and/or copyright
- If I violate this agreement, any of my future restricted records access requests may be rejected immediately
- I shall hold Minnesota Historical Society harmless from and against all claims, damages, losses, costs, expenses, and liabilities of every kind (including attorneys' fees) arising from any unauthorized use.
- I may appeal any adverse decision on access within 30 days of notification of the decision in question

Signature

Date

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THIS SIDE OF APPLICATION FOR MNHS STAFF USE ONLY

Reference Desk Staff Information:

Date Application Received: _____

By: _____

Type of Request (circle one): State Hospital Prison Owatonna Schools Sauk Centre

Verifications and Attachments:

Proof of Requester's ID (required of every request, attach copy)

Proxy Paperwork (attach copy)

Court Order (attach original, make copy for patron)

- Date of Death Proof

MN Death Certificate Index #: _____

Death Certificate copy (attach)

Obituary in newspaper with date (attach)

- Date of Last Entry in File _____

- Does file mention illegitimate birth/adoption of any person? YES NO

Permissions Team Information:

Access:

File is open (see notes below)

Approved

Denied

Redacted version approved. Conditions of redaction:

Notes on Access (including box/location numbers, if applicable):

Images/Copying:

Approved

Denied

Notes on Images/Copying:

Approved/Denied by:

Permissions Team Member Signature _____ Date _____