

**UNIVERSITY OF MELBOURNE – RECORDS SERVICES**

**ACCESS FORM**

I,

(Name in Block Letters)

Have read the rules *ACCESS AND REPOSITORY RULES RELATING TO ARCHIVES* and undertake to fulfil the requirements of the rules.

**Postal Address:**

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**Telephone No.:**

**Email Address:**

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**Occupation:**

**Institution, Company or Firm:**

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**Course, Year and Subject Unit:**

**Name of Tutor/Lecturer/Supervisor or Person Directing this Research:**

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**Subject of Enquiry/Project Synopsis [MUST BE COMPLETED - USE BACK OF FORM IF NECESSARY]:**

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Is this research sponsored by a 3<sup>rd</sup> party?    Y     N

If yes provide details:

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**Specific Material to be made available:**

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I agree that I will not pass to a third party\* any photocopies of, or notes derived from the records.

**Signature:**

**Date:**

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\*unless you have declared party previously

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## Records Services Staff Use Only

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1. Has the request been documented on the Access Form (attached)? Y  N
2. Is the material requested relevant to access request? Y  N
3. Has the file has been checked for legal opinions? Y  N
4. Does the file contain any documents suspected of falling into that category? Y  N   
*(any document falling into this category should be forwarded to Legal and Compliance for further advice before access is granted)*
5. Does the material have a commercial value that would be diminished or destroyed if the information were disclosed? Y  N
6. Has the information been communicated in confidence? Y  N
7. Does the material contain personal information? Y  N   
*(If so, refer to the [Privacy Policy](#))*
8. Will disclosure of this information have an adverse effect on the University? Y  N
9. Will disclosure prejudice the conduct of an investigation of a breach, or possible breach, of the law or prejudice a trial or adjudication of a particular case? Y  N

**Checklist completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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If you checked Y  to any item between 4-9 you should seek further advice before recommending access.

**Access recommended:** Y  N

**Recommending Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Access approved:** Y  N

**Signature of authorised officer:**

**Date:**

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**Copy of Work Submitted:\*** \_\_\_\_\_

\*Where applicable according to the rules.