



ROCHESTER INTERGROUP ARCHIVES

Research and Access Request

Requester Information:

Date: _____

AA Member: Yes / No

Name: _____

Ph# _____

Address: _____

Email _____ (optional)

Research Subject/Information Requested:

Archivist/Archives Committee Response:

Date request received: _____ Person receiving request: _____

Date request answered: _____

Request Status: Approved / Denied Reason: _____

Remarks: _____

