National Gallery of Canada | Musée des beaux-arts du Canada

RESEARCH APPLICATION FORM

Privacy Act, paragraph 8(2)(J)

Disclosure of Personal Information for Research or Statistical Purposes:

PART I

Researcher Information:

NAME_____

ADDRESS _____

TELEPHONE_____ FAX: _____

EMAIL_____

AFFILIATION_____

PART II

Nature and purpose of research - (describe the kind of information you are seeking, and purpose for which it is being collected). If additional space is required please add attachment.

I request authorization to access records that are in the custody of The Gallery – (list may be attached)

Artist	Title	Accession Number

PART III

In obtaining access to personal information under the provisions of paragraph 8(2)(J) of the Privacy Act, I hereby agree that;

1- no disclosure of information obtained from records of The Gallery will be made in a form that could reasonably expect to identify an individual to whom it relates without express written authority of The Gallery. The Gallery may seek written permission of a third party.
2- any personal information obtained will be used only for the purpose(s) described in Part II of this form and no subsequent use will be made without the express written authority of The Gallery.
3- all personal information obtained from records of The Gallery will be destroyed, rendered anonymous, or returned to The Gallery as agreed by The Gallery and the researcher prior to the release of information.
4- I will at all times protect the information and preserve the physical integrity and confidentiality of the records to which I have access.

PART IV

I understand that the material being provided by The Gallery may be subject to the Copyright Act, R.S. C-42. I understand that the material may be used solely according to the fair dealing provisions in the Copyright Act for the purposes of private study or research. I agree that it is my sole responsibility to ensure that the rights of the author provided by the Copyright Act are upheld and agree to indemnify The Gallery for any loss or damage that results or arises out of my use of these materials.

I understand that failure to comply with these undertakings could result in loss of research privileges at The Gallery.

Researcher's signature _____ Date_____

Recommend Approval _____ Date_____

Access Approved Chief _____ Date_____