SECURITY MICROFILM RELEASE FORM

Please send completed form to: Crawford Bealon, Illinois State Archives, Springfield IL 62756, 217-782-7548, cbealon@ilsos.gov

1. Records of:

Agency _____

Mailing Address: _____
Street City ZIP

Name and Telephone of Agency Contact Person:_____
Name Telephone Number

Send Film to: _____
(If different from above.) Name Telephone Number

2. Total Rolls Requested:

3. I hereby give authorization to the Illinois State Archives to release the security microfilm listed below and send to the above-named agency.

_____
Name and Title of Official (Type or print) Signature of Official Date

4. Accession Number	Application Number	Microfilm Roll Number	Title of Records	Start of Roll (date, page no., etc.)	End of Roll (date, page no., etc.)

For Archive Office Use Only:

The above-named rolls of microfilm have been released on this _____day of_____ 20____ by the Illinois State Archives. These microfilm records have been sent to the above-named agency.

_____
Illinois State Archives Official

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