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: ____________________________________________________

Name and Telephone of Agency Contact Person: __________________________

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.

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<th>Name and Title of Official</th>
<th>Signature of Official</th>
<th>Date</th>
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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.) |
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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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