Application for access to the Chechen Archive

## **Please fill in the form, sign a print version and mail it to**

## **chechenarchive@gmail.com**

|  |
| --- |
| Personal information  |
| Full Name  |  |
| E-Mail |  |
| Address |  |
| Place of residence |  |
| Mobile phone |  |
| Information about the project |
| What is the purpose of your request to access the Chechen Archive? |  |
| If you are looking for a victim, please note the name(s) of the victim(s) |  |
| Do you plan to publish information taken from the archive? If yes, what kind?  |  |
| Please describe the main content of the publication/research. |  |
| Who has the overall responsibility of the research/publication (Bar, University, publisher, producer)? Please note e-mail and phone number |  |
| Do you pretend to copy videos? |  |
| I am aware that the archive contains information that might put people at risk. I will not disclose any personal data of people mentioned in the archive without the written consent of the copyright holder of the video that contains related information (please add your signature).  |  |
| I confirm that any use of videos needs the agreement of the copyright holder. |  |
| Place and date |  |
| Signature |  |