

HAWAII STATE ARCHIVES
MICROFILM DUPLICATION REQUEST AND RELEASE

REQUESTOR:

Name _____ Address _____

Phone No. _____

MICROFILM IDENTIFICATION:

Microfilm Title _____

Reel No. _____ MFL No. _____ Size: 16mm _____ 35mm _____

FOR ARCHIVES USE ONLY:

ARCHIVES MASTER:

Requestor's Choice of Vendor (*Requestor responsible for contacting vendor & making payment arrangements directly with vendor*):

Vendor Name _____ Vendor Address _____

Vendor Phone No. _____

Comments _____

AUTHORIZATION:

Approved/Disapproved _____

Archives Administrator/Branch Chief

Date _____