

DALLAS HOLOCAUST  
MUSEUM CENTER  
for EDUCATION and TOLERANCE

**Dallas Holocaust Museum Photocopy and Scan Request Form**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary purpose of request / intended use:

\_\_\_ General research / personal interest

\_\_\_ Class assignment

\_\_\_ Genealogical research

\_\_\_ Commercial / publication

\_\_\_ Other: \_\_\_\_\_

Summary of research / project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Collection name / book title:

\_\_\_\_\_

Extent (segment of collection / pages in book):

\_\_\_\_\_  
\_\_\_\_\_

Additional details / notes:

\_\_\_\_\_  
\_\_\_\_\_