## Research Permission

Name:

ID / Passport Number:

Address:

Subject of research:

Planned research tasks (e.g. desk research, descriptions, drawings, material testing with own equipment / institutional equipment, photos):

Purpose of research (educational, scientific, knowledge dissemination, commercial, other):

Place of employment or education:

E-mail:

Phone Number:

I declare under penalty of perjury that the foregoing is true and correct.

I oblige myself that in the course of the research I observe the relevant provisions, especially regarding data protection, IP and those described in the Research regulation of the Museum of Fine Arts.

I accept that the Museum manages the provided data according to data protection provisions.

Date: …………….…………………………….

|  |  |
| --- | --- |
| ……………….………………Director / Deputy Directorof the Museum of Fine Arts, Budapest | ……………….………………Researcher |

By signing this Research Permission, the researcher obliges itself that a copy of the finalized publication, degree thesis or other document – as a result of the research process taken place at the Institution – shall be sent within 2 months from its publication to the (*collection, address*) of the Museum of Fine Arts for free of charge in a form (paper or electronic) consulted with the Collection.

I support the research

……………………

Dávid Fehér