**Research Permit**

**Petőfi Irodalmi Múzeum / Petőfi Literary Museum**

**Kassák Múzeum / Kassák Museum**

Research permit no.:

Name:

Residence:

Affiliation:

Topic of research:

Planned output:

Collection: Kassák Museum

Researcher statement

I acknowledge and comply with the provisions of the Research Regulations I have become familiar with regarding external researchers and the provisions concerning the collections to be researched.

Budapest,

…………………………………………..

Signature

Decision of the head of department: I permit / do not permit the research.

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Signature