

Tainan Second Prison, Agency of Corrections, Ministry of Justice
Application for Access to Archival Records

Application Form No.:

Page ___ of ___

Name	Date of birth	ID number	Address, phone number & email
Applicant:			Address: _____ Phone: _____ e-mail: _____
Representative: ※Relationship with the applicant ()			Address: _____ Phone: _____ e-mail: _____

※Name of the corporation, organization, firm, or business establishment: _____

Address: _____

(The information of the administrator or representative should be filled in the preceding field.)

Applicant's occupation: Military Government employee School faculty or staff
Commerce employee Self-employed Service industry Social groups Student Other: _____

No.	Please indicate the order of priority	Please check the NEAR website (https://near.archives.gov.tw/) before filling in the blank. (If the blank spaces are insufficient, please use the continuation page.)		Types of the Files You Wish to Receive (Multiple Choices)			
				File number	File name or Subject of the content	Viewing & hand-copying	Duplicating
		Black & white	Color				
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To apply for more than 10 files, please use the continuation page.

※Records from the prison shall principally be provided in the form of photocopies. If there is necessity for the originals of No. _____, please write down the reason _____

Purpose of application: Historical research Academic research Search for evidence Reference for business purposes Safeguard the rights of a person Others (please specify the details): _____

Other notes: _____

Submitted to the Tainan Second Prison, Agency of Corrections, Ministry of Justice.

Applicant's signature: _____

Representative's signature: _____

Date: _____