
Name of University

Department

Date

Dr. B. Holly Broadbent, Jr.
Director
Bolton-Brush Growth Study Center
Bolton Dental Building
Case Western Reserve University
10900 Euclid Ave.
Cleveland, OH 44106-4905

Dear Dr. Broadbent:

I hereby guarantee payment of all obligations incurred by _____
Name of researcher

in connection with research in the Bolton-Brush Growth Study Center, including fees for
access and/or loan of data via DC-ROM or other media.

Chairman's signature

Chairman's printed name

Department of _____

Date

Purchase Order # _____

Cash/Check _____