

Archives & Special Collections Registration / Research Request

Date of Request: _____

First Name _____ Last Name: _____

University/Org Affiliation: _____ Dept: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Research Topic/Question:

Collections or Materials Requested (if known):

Collection Box/Folder Identifiers (if known):

Prior to using any archival material, researchers are responsible for reading and following posted Reading Room Policies. Signing this form indicates that the researcher understands and agrees to abide by these policies.

I agree to follow the Reading Room Policies: _____

Signature

