Researcher’s Record

In order for the Special Collections Department staff to assist you in your research, please complete the information requested below and submit the completed form to a staff member. We thank you.

Name: __________________________ Date: ________________
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Permanent Address: __________________________ Phone: ________________
City: ________________ State: __________ Zip: ________________

Occupation or School Year: __________________________

Driver’s License No./ Student ID No. __________________________

Place of Employment or School: __________________________

E-mail: ______________________________________________________________________________

Research Purpose
Academic _____ Book/Article _____ Class Paper _____ M.A. Thesis
PhD Dissertation _____
Family History _____
General Reference _____
Government Agency _____

Publication Plans ________________________________________________________________________

Advisor ______________________________________________________________________________

Researcher’s signature __________________________