

University Libraries, Preservation and Special Collections Dept.

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www.memphis.edu/libraries/ special-collections/

Researcher's Record

In order for the Preservation and 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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| (Please Print) | (Last) | (First) | (Middle) | | | |
| Campus Address: | | | City: | State: | | Zip: |
| Permanent A | Address: | | | | Phone: | |
| City: | | | State: | _ Zip: | | |
| Occupation (| or School Year: | | | | | |
| Driver's Lice | nse No./ Stude | nt ID No | | | | |
| Place of Emp | oloyment or Sch | nool: | | | | |
| E-mail: | | | | | | |
| Researcher | signature: | | | | | |
| Research Sul | hiect: | | | | | |
| nescaren sa | oject. | | Research Purpose: | | | |
| | | | Academic | | | |
| | | | Book/ Article | | | |
| Publication I | Plans: | | Class Paper | | | |
| | | | M.A. Thesis PhD Dissertation | | | |
| | | | Family History | | | |
| | | | General Reference | | | |
| Advisor: | | | Government Agency | | | |