

Research Register

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Expected Dates and Times of your visit

Dates _____ Hours _____

Institution with which you are connected, if applicable

Status

(i.e. candidate for degree, M.A., Ph.D., professor, freelance writer, etc.)

Subject of Research

Publication Plans

If not for publication, other purposes for use

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am granted permission to access the original documents, any false statements, omissions, or other misrepresentations made by me on this application may result in further denial to the collection.

Name (printed)	
Signature	
Date	

Policy

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