

Ina Dillard Russell Library Special Collections

Researcher Registration Form

Name:	Telephone #:
Address:	
Local Address (if researcher is from out of tov	vn):
E-Mail Address:	
Your Status:	Purpose of Research:
() Faculty() Doctoral Student() Masters Student() Undergraduate Student() Other (please specify)	() Essay/term paper() Thesis/dissertation() Book/article() Genealogy() Other (please specify)
Research Topic:	
Do you have plans for publication?Ye	sNo
If yes, please explain:	
The information I have provided on the Resea	
	Staff initials: