SPECIAL COLLECTIONS AND ARCHIVES UNIVERSITY LIBRARIES, WRIGHT STATE UNIVERSITY

RESEARCHER REGISTRATION FORM

Date:
Name (please print):
Professional Affiliation (if applicable):
WSU Affiliation (please check):
☐None ☐Faculty ☐Grad Student ☐Undergrad Student ☐Staff
WSU College/Major (if any):
Address:
City/State/Zip:
Local Address:
Phone Number:
E-mail Address:
Purpose of Research (thesis, book, article, family, history, personal interest, etc.):
Topic or Subject of Research:
I have received a copy of the Regulations for the Use of Materials and Camera Use Policy . I have read them, and I agree to abide by them.
Signature

This information is collected to assist Special Collections and Archives in building collections to suit research needs and for security and statistical purposes.

Your personal information will not be shared outside of Special Collections and Archives.