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## RESEARCHER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Preferred Name/Pronouns (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation/Institutional Affiliation (optional): \_\_\_\_\_

Purpose of Visit/Research Interest: \_\_\_\_\_

***I have read and understand and agree to abide by the regulations governing use and duplication of materials (see attached).***

\_\_\_\_\_  
Signature of Researcher

I would like to receive occasional email updates regarding Archives & Special Collections news and events.

COLLECTION USE (to be completed by staff)

Collection Title/Call Number	Box Numbers	Duplication Request	Fee

Staff notes: