



Western Libraries Heritage Resources
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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 Heritage Resources news and events.

COLLECTION USE (to be completed by staff)

Collection Title/Call Number	Box Numbers	Duplication Request	Fee

Staff notes: