



Application for the Use of Manuscript Collections

Howard Gotlieb Archival Research Center

Collection Consulted _____ Date _____

Researcher's Name _____

Local Address _____

City _____ State _____ Zip _____

Local Telephone _____ Local Fax _____

Permanent Address _____

City _____ State _____ Postal Code/zip _____

Country _____

Tel _____ Fax _____

E-Mail Address _____

Occupation / Educational Affiliation _____

Purpose of Research

- book article documentary personal interest
- dissertation webcontent other _____

Research Topic/Project Name: _____

Dissertation title & advisor: _____

Intend to publish YES NO

If yes, please indicate publisher and refer to restrictions in the "Rules for the Use of Manuscript Collections"

May the Gotlieb Center publicize your research with your name and institution? YES NO

I have read and agree to abide by the "Rules For the Use of Manuscript Collections."

Applicant's Signature

Archivist's Signature

Approved



Application for the Use of Manuscript Collections

Howard Gotlieb Archival Research Center

APPLICATION FOR THE USE OF MANUSCRIPT COLLECTIONS REQUEST FORM

Researchers Name: _____

Collection Name: _____ Date of Visit: _____

Dates of visits (for continuing researchers):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I request permission to examine the manuscript material listed below:

Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____

Other Materials (packages, scrapbooks, poster, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____