



Howard Gotlieb Archival Research Center

APPLICATION FOR THE USE OF MANUSCRIPT COLLECTIONS

Collection Consulted: _____ Date: _____

Researcher's Name: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Local Tel: _____ Local Fax: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Postal Code: _____ Country: _____

Tel: _____ Fax: _____

E-Mail address: _____

Occupation / Educational Affiliation: _____

Please state the exact purpose of your research: _____

Do you intend to publish your research? Yes No

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

If working on a dissertation, please indicate title and advisor: _____

May the Gotlieb Center publicize your research with your name and institution in its newsletter?
 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 REV 7.09

APPLICATION FOR THE USE OF MANUSCRIPT COLLECTIONS
REQUEST FORM

Researcher's Name: _____

COLLECTION: _____ 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 _____

Other Material (packages, scrapbooks, posters, etc):

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