

Researcher Registration Form

Name: _____ Date: _____

Address: _____

Email Address: _____ Phone: _____

Affiliated Institution: _____ Dept. (if UI): _____

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Undergraduate student | <input type="checkbox"/> Graduate student | <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Alumna/us | <input type="checkbox"/> Independent researcher | <input type="checkbox"/> Genealogist | <input type="checkbox"/> K-12 educator |
| <input type="checkbox"/> UI Emeritus | <input type="checkbox"/> Other: _____ | | |

Purpose of Research

- | | | |
|---|---|--|
| <input type="checkbox"/> Article/Book/Publication/Documentary | <input type="checkbox"/> Family History/Genealogy | <input type="checkbox"/> Thesis/Dissertation |
| <input type="checkbox"/> Class Assignment (subject/course number) _____ | | <input type="checkbox"/> Work Assignment |
| <input type="checkbox"/> Other (please specify) _____ | | |

Topic of research (please be specific) _____

Permissions

- ☐ Staff may **not** discuss my research with other scholars, faculty, and/or outside parties.

I acknowledge that I have read, understand, and agree to abide by the rules governing the use of collections, use of the Reading Room, and all copyright terms as described in the Reading Room Guidelines.

Signature _____ Date _____