



Researcher Registration Form

Name: _____ Date: _____
Street Address: _____ Phone: _____
City, State, Zip Code: _____ Email: _____

Researcher Affiliation:

__ University of Pittsburgh Department Name: _____

__ Other University/College University/College Name: _____

Status (Check One):

__ Faculty __ Staff __ Graduate Student __ Undergraduate

__ Independent

Status (Check One):

__ Personal __ Business __ Church __ Government __ Professional

__ Other: _____

Nature of Research:

__ Personal Research/Reference only

__ Publication or Presentation:

__ Book __ Periodical __ Exhibit __ Poster __ Documentary/Film __ Slideshow __ CD ROM

__ Other: _____

If research is for an assignment, please list course number and instructor: _____

Subject of research: _____

I have read the policies and procedures for use of the Special Collections and agree to abide by the rules for use of materials therein:

Signature _____

Staff Initials _____

Materials Requested

Request Date	Folder Name/ Book Title	Call Number	Staff Initials Out/In