



*Required fields

*Name: _____
(Last, First, Middle Initial)

*Email or Phone: _____

*Address: _____
(Street)

(City) (State/Zip)

Researcher Undergraduate Graduate Student Faculty Staff Community

Institutional Affiliation: _____

Research Subject:

Research Purpose

Course project/paper Thesis Dissertation Publication Personal Interest

University Archives and Special Collections may reveal my name and the subject of my research to other researchers with similar interests. Yes No

Agreement: I have read and understand "Materials Use Policy" of the Willamette University Archives and Special Collections and agree to abide by their terms and conditions. I also understand that if I do not adhere to these policies, my privileges as a researcher may be revoked. I further understand that I may be searched when I leave the premises.

*Signature _____ *Date _____

FOR ARCHIVES USE ONLY: Type of Registration: New Renewal

Approved by: _____ Date: _____

Application Expiration Date _____ Researcher No. _____