

Researcher Application

Name: _____ (Last, First, Middle Initial)
Email: _____
Phone: _____
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State/Zip </div>
Identification Type: <input type="checkbox"/> Willamette University ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other ID Number _____ State / Country _____
Classification: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Community <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Student
Research Purpose: <input type="checkbox"/> Course Paper/Project <input type="checkbox"/> Thesis <input type="checkbox"/> Dissertation <input type="checkbox"/> Article <input type="checkbox"/> Book <input type="checkbox"/> Personal Interest Tentative Title: _____
Subject, scope, and purpose of your research. Please be as specific as possible.
University Archives and Special Collections may reveal my name and the subject of my research to other researchers with similar interests. <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Instructor, Thesis or Dissertation Director/Advisor:
Institutional/Organizational Association:

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 LIBRARY USE ONLY: Approved by: _____	Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal Date: _____
Application Expiration Date: _____	Researcher No. _____