TROY UNIVERSITY: ARCHIVE USE REGISTRATION FORM

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Research Affiliation and Status (Choose one)
1) Troy University  2) University/College  3) General  4) Personal
      ________________ ________________ ________________ ________________
   b. Title b. Position b. Title b. Other
      ________________ __Faculty __Staff __Grad. Student __Undergrad. Student
   c. Department ____________

Intended Use of Research Topic (Check all that apply)
___Book  ___Article  ___Dissertation  ___Thesis  ___Genealogy
___Term Paper  ___Speech  ___Film  ___Government Research
___Radio Report  ___TV report  ___Videotape  ___Professional Research
___Exhibit  ___Personal Interest  ___Other ____________________________

May we tell others of the subject of your research? ___yes ___no
May we tell others which materials you used? ___yes ___no
May we contact you by mail or phone as part of future user studies? ___yes ___no

How did you learn about this repository?
___References or citations in published books  ___Television, radio, newspaper
___Published guides to archives, bibliographies  ___Brochure
___Guide to this repository ___Presentation by archive staff
___Databases: ___RLIN ___OCLC ___Local ___Visit to museum exhibition
___Teacher, professor, or colleague ___General knowledge, assumptions
___Archivist or Librarian elsewhere
___Information from historical, professional, or genealogical organizations
___Other ___________________________________________________________________

Before your first visit on this project, did you write or telephone to get information about holdings or services? ___yes ___no ___don’t know

I have read the Troy University Archives rules and procedures and agree to abide by them.

Signed___________________________________________________________________________

Identification _____________________________ Archivist / Staff_________________________