

TROY UNIVERSITY: ARCHIVE USE REGISTRATION FORM

Name _____

Date _____

Permanent Address (Street, City, State, Zip) _____

Permanent Phone Number _____

Local Address (Street, City, State, Zip) _____

Local Phone Number _____

Research Affiliation and Status (Choose one)

1) Troy University
a. Department _____

2) University/College
a. Name _____

3) General
a. Employer _____

4) Personal
a. Genealogy _____

b. Title _____

b. Position _____
____ Faculty ____ Staff
____ Grad. Student
____ Undergrad. Student
c. Department _____

b. Title _____

b. Other _____

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 ____
____ Databases: ____RLIN ____OCLC ____ Local ____ Presentation by archive staff
____ Teacher, professor, or colleague ____ Visit to museum exhibition
____ Archivist or Librarian elsewhere ____ General knowledge, assumptions
____ 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 _____