

WILLIAM L. CLEMENTS LIBRARY
RESEARCH INFORMATION

Full Name *(please print legibly)* _____ Date _____

Phone _____
Permanent Address _____ Fax _____

Email _____

Institution / University / Organizational Affiliation (if any) _____
High School Student _____
Undergraduate _____ Class (name & number) _____
Instructor _____
Graduate Student, working towards:
Masters Degree _____
Doctoral Degree _____
Department _____
Advisor _____
Faculty _____ Department _____
Historic Interpreter/Museum Staff/Cultural Agency Staff _____
Independent Researcher _____
Consultant/Contract Researcher _____
Genealogist _____
Collector _____ Collection Specialty _____
Editor/Publisher _____
Volunteer _____
Other _____

Are you currently an Associate of the Clements Library? yes ____ no ____
Members receive copies of the "Quarto", invitations to programs and events, and discounts on publications and photo duplication.
Would you like to join the Clements Library Associates? yes ____ no ____
Would you like more information about the Associates? yes ____ no ____

-OVER-
(Please Complete Reverse Side)

PURPOSE OF RESEARCH

Include purpose and topic of research in sufficient detail to enable the staff to serve your needs effectively.

TOPIC OF RESEARCH *(To be filled in by staff)* _____

FINAL PRODUCT OF RESEARCH

Book (Monograph Title) _____

Textbook (Subject & Publisher) _____

Article (Title & Journal) _____

Dissertation/Thesis (Topic) _____

Research/seminar paper _____

Class assignment _____

Talk/Lecture (Topic) _____

Museum/cultural exhibit _____

Film/Video _____

Personal Research _____

Genealogical Publication (Subject & Publisher) _____

Internet _____

Other _____

I VERIFY THAT THE INFORMATION THAT I HAVE PROVIDED
ON THIS FORM IS ACCURATE.

Signature _____

Received By (staff signature) _____