Researcher Registration

Name: (First)__________________ (Middle Initial)______ (Last)_________________________
(PLEASE PRINT)

Address: ______________________________________________________________________

City, State, ZIP: _________________________________________________________________

Telephone: (____)_________________________________

Identification No. (staff must check I.D.): __________________________________________

Please indicate topic(s) of interest by checking the appropriate blank(s):

_____  history   _____  West Virginia University

_____  genealogy   _____  other

If affiliated with an academic institution, please check the appropriate blank:

_____  student  (name of school, if other than WVU: _________________________________)

_____  faculty  (name of school, if other than WVU: _________________________________)

I acknowledge that I have received, read, and understand your document, “Rules for Use,” agree to comply with all the rules listed therein, and that violation of the rules is grounds for revocation of permission to use the collections. I understand that all materials in Special Collections are non-circulating and may not be removed from the premises.

Signature:___________________________________________  Date:___________

Note: If you intend to bring this completed form with you on your first visit, you will be asked to sign it in the presence of a staff member.