West Virginia and Regional History Center
and Special Collections
West Virginia University Libraries

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.