

Researcher Registration
Oregon State University Libraries Special Collections & Archives Research Center

Date of Registration	Date of Expiration	
----------------------	--------------------	--

Contact Information

Name

Campus or Mailing Address

Office Phone Number	Home Phone Number	Mobile Phone Number
---------------------	-------------------	---------------------

Personal E-Mail Address	Institutional/Work E-Mail Address
-------------------------	-----------------------------------

Name on Photo ID	ID Number	Staff Initials
------------------	-----------	----------------

Status of Researcher
(select all that apply)

Affiliated Institution: Office/Department/Major:	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> Alumna/us
	<input type="checkbox"/> Independent Scholar/Researcher	<input type="checkbox"/> Professional Researcher	<input type="checkbox"/> Genealogist	<input type="checkbox"/> K-12 Educator
	<input type="checkbox"/> Other (please specify):			

Purpose of Research
(select all that apply)

<input type="checkbox"/> Article/Book/Publication	<input type="checkbox"/> Family History/Genealogy	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Thesis/Dissertation	<input type="checkbox"/> Work Assignment	<input type="checkbox"/> Class Assignment (please specify course number):

Topic of Research (please be specific):

Permissions

I do NOT want to receive e-mail notifications regarding SCARC events and research opportunities.

SCARC staff may NOT discuss my research with other scholars, faculty, and/or outside parties.

Acknowledgment of Reading Room Policies

I acknowledge that I have received a copy of the OSU Special Collections & Archives Reading Rooms Guidelines and hereby agree to the terms and conditions listed therein.

Signature	Date
-----------	------

Notes
(SCARC staff ONLY)

