



Researcher Registration Form

2020-2021

Name _____ Date _____
(print) First MI Last

Mailing Address _____ Phone _____
Please select one: permanent school other _____ home cell

City _____ State _____ Zip _____

Email _____

Institution : Arkansas State University Other University _____
Other _____

Status: Undergraduate Student Graduate Student Faculty Staff
Other _____

ID Number _____ Driver's License ASU ID

Purpose of Research: Media Project Publication Class Paper Thesis or Dissertation
Other _____

Research Topic _____

I have received and read the Arkansas State University Archives and Special Collections Reading Room Policies and agree to abide by them. I understand that it is the responsibility of the Special Collections staff to preserve the materials in the collections and that if I am careless or irresponsible in the handling of materials or violate any Reading Room policies, I may be denied further access.

Signature _____ Date _____