Name: ____________________________
(please print)

Identification number: ( ) DL ( ) UT ( ) Passport

Permanent Address:

Phone:

University or Affiliation name:

Please check appropriate classification:

Academic: Other:
( ) UT ( ) Undergraduate ( ) Faculty ( ) Professional
( ) Other ( ) Graduate ( ) Staff ( ) __________

Describe the subject, scope, and purpose of research:

I intend my research to result in:

( ) article ( ) book ( ) thesis ( ) dissertation

( ) course project ( ) conference paper ( ) other [please explain]:

The Alexander Architectural Archive may reveal my name and the subject of my research in its publications and to other researchers working or planning to work on related topics. Please indicate “yes” or “no” and initial:

( ) Yes ________ ( ) No ________

Agreement

I have read and understand the Guidelines for Using Archival Materials, Reading Room Rules and Guidelines for Handling Archival Material of the Alexander Architectural Archive and, by my signature below, agree to abide by them. I understand that in the event I do not adhere to these rules and policies, my privileges as a scholar may be revoked.

Signature ____________________________ Date ____________________________

guest registration form rev. 11/3/04