



FRIENDS HISTORICAL LIBRARY OF SWARTHMORE COLLEGE
 500 College Avenue, Swarthmore, PA 19081-1399 Phone: (610) 328-8496

Research Room Registration Form

NAME (Please print)		EMAIL
AFFILIATION (if any)		TITLE
STREET ADDRESS		TELEPHONE
CITY/TOWN	STATE ZIP	COUNTRY
LOCAL TELEPHONE OR CELL PHONE		DATE OF FIRST VISIT [MM/DD/YY]

PURPOSE OF RESEARCH

- | | | |
|---|--|--|
| <input type="checkbox"/> Genealogy/family history | <input type="checkbox"/> Community history | <input type="checkbox"/> Book or article |
| <input type="checkbox"/> Student paper/thesis | <input type="checkbox"/> Instructional use | <input type="checkbox"/> Other |
| Undergraduate <input type="checkbox"/> MA <input type="checkbox"/> PhD <input type="checkbox"/> | | |

RESEARCH TOPIC/INFORMATION SOUGHT: _____

DECLARATION: I have received a copy of the rules of the Research Room and agree to abide by them:

Date: _____ **Signature:** _____

Please also sign below if you are willing for the Library to make public your name and research topics either informally or through appropriate publication:

Date: _____ **Signature:** _____

IDENTIFICATION

NAME _____