Marietta College
Legacy Library Special Collections

RESEARCHER REGISTRATION FORM

Name: __________________________________________ Date: ______________
(please print)

Street: ______________________ City/State/Zip: ______________________

Home Phone: ___________________ Cell Phone: _____________________

E-mail: _______________________________________________________

Researcher Status: (circle most appropriate)
Administrator/Staff General Public Undergraduate
Alumnus Graduate Student Other (Specify)
Faculty Research Assistant

Purpose of Research (circle most appropriate)
Administrative Class assignment Personal use
Article Dissertation/Thesis Other (specify)
Book Research Paper

Description of Research:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I have read the GUIDELINES FOR RESEARCHERS and agree to abide by them. I will be responsible for conforming to copyright and literary property rights.

_________________________________________________________________
(Signature of Researcher)

FOR USE OF ARCHIVES ONLY

Researcher Photo Identification (driver’s license/student)________________

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