

Graduate Theological Union Archives

Research Request Form

Name

Full Name: _____
First *M.I.* *Last*

Address: _____
Street Address *Apartment/Unit #*

Phone: *City* _____ *State* _____ *ZIP Code* _____
() Alternate Phone: ()

E-mail Address: _____

Institutional Affiliation: _____

Materials Requested (use back if needed)

Collection: _____	Box/ Folder _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reason for Request (please indicate topic / institution)

1. Paper for course _____
2. Thesis / Dissertation _____
3. Research for Book / Article _____
4. Other _____

Agreement

I agree:

- To the *Regulations for Use of the Archives*
- Not to publish any of these documents without the written permission of the author or the GTU Archives.
- To properly acknowledge the GTU Archives for any use of these documents.

Signed: _____

Date: _____