

## RESEARCH AND REQUEST AGREEMENT FOR NAROPA SPECIAL COLLECTIONS MATERIALS: AUDIO

All researchers using the Naropa University Special Collections must complete & sign this form. Please give the form to the circulation desk when completed & the Special Collections Coordinator will contact you. Please allow at least 48 hours notice for an appointment & 5 business days for a copy.

This information is used by Special Collections staff to assist you in your research, compile statistics, & provide for the security of the collection.

*Note: Occasionally, an item may be unavailable because it is in the process of being digitized or because it is too fragile for public use.*

Date: \_\_\_\_\_ Date of requested appointment, or date copies needed by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Institutional Affiliation (if any): \_\_\_\_\_

Academic Status (if any):       Undergraduate                       Graduate                       Faculty                       Staff

Research Purpose: \_\_\_\_\_

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**By signing this request form, you agree to the above stated policies and conditions.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Audio Recording Information

(please use a separate sheet for additional requested items if necessary)

Date of Event: \_\_\_\_\_ Title of Event: \_\_\_\_\_

Call Number: \_\_\_\_\_ Brief Description : \_\_\_\_\_

Were you in the performance?  No  Yes



Are you requesting a personal copy?

Yes  No



If the original is not on CD, are you providing your own cassette to copy to?

Yes (free)

No (\$1.00)

Location (to be completed by staff): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Title of Event: \_\_\_\_\_

Call Number: \_\_\_\_\_ Brief Description : \_\_\_\_\_

Were you in the performance?  No  Yes



Are you requesting a personal copy?

Yes  No



If the original is not on CD, are you providing your own cassette to copy to?

Yes (free)

No (\$1.00)

Location (to be completed by staff): \_\_\_\_\_