

RESEARCH AND REQUEST AGREEMENT FOR NAROPA SPECIAL COLLECTIONS MATERIALS: NON-MEDIA

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

This information is used by Special Collections staff to assist you in your research, compile statistics, and 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: _____

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: _____

Item Information

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

Call Number: _____ Author: _____

Title: _____ Notes: _____

Brief Description of Item: _____

Location (to be completed by staff): _____

Call Number: _____ Author: _____

Title: _____ Notes: _____

Brief Description of Item: _____

Location (to be completed by staff): _____

Call Number: _____ Author: _____

Title: _____ Notes: _____

Brief Description of Item: _____

Location (to be completed by staff): _____

Call Number: _____ Author: _____

Title: _____ Notes: _____

Brief Description of Item: _____

Location (to be completed by staff): _____