

Suffolk University Archives

Researcher Registration Form

Contact Information:

Name: _____ Photo ID#: _____ State: _____

Address: _____

City/St/Zip _____

Phone: _____ E-mail _____

Affiliation

Suffolk student Suffolk staff Suffolk faculty

Suffolk administration Suffolk Alumni

Please note department or office _____

General Public

Please note name of Institution of Organization, if applicable _____

Nature of Research

Please describe your research interests.

Intended use of research material

- Publication (book or article)
- Production (tv, film, radio, video, etc.)
- Dissertation/Thesis (title)
- Class Assignment
- Exhibition
- Other

I understand that the collections at the Suffolk University Archives contain personal papers, photographs and other memorabilia that may be subject to copyright and privacy restrictions consistent with federal and state law.

I understand that any photographic or other reproduction of any material in this collection will be made solely to aid my research at the Suffolk University Archives. Copies made for research will not be reproduced, published, examined by or transferred to any other person or institution without the prior written permission of the University Archivist.

I agree to follow the policies and procedures of the Suffolk University Archives.

Signature _____

Date _____