



## RESEARCHER REGISTRATION

Name \_\_\_\_\_ Suffolk ID# or License # \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Affiliation

Suffolk student     Suffolk staff     Suffolk faculty     Suffolk alumni

Please note department or office \_\_\_\_\_

General public

Please note name of institution or organization, if applicable \_\_\_\_\_

### Nature of Research

**Please describe your research interests:**

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### Intended use of research material

- Publication (book or article)  
 Production (TV, film, radio, video, etc.)  
 Dissertation/thesis, title:  
 Class assignment  
 Exhibition  
 Other

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