

Loretto Heritage Center Archives and Museum
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Archives Researcher Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Institutional or other affiliation: _____

Purpose of research: _____

Material consulted: _____

PLEASE READ AND SIGN THE BACK OF THIS FORM

For Staff Use Only

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1. Every researcher must fill out a registration form and provide a photo ID.
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7. Please use gloves provided when handling any photographic material.

I have read the above Regulations for Researchers and indicate by my signature my understanding of the rules and willingness to comply with them. My signature also indicates that all information given on the reverse side of this form is correct.

Signature: _____

Date: _____