

Reader's Application

Name:
(please print)

Identification #:

ID Type:

Permanent Address:

Phone:

E-Mail:

Institutional Affiliation:

Academic classification: Faculty Graduate student
 Undergraduate student Independent scholar

Describe fully the subject, scope, and purpose of your research:

Type of material requested: Special collections Archives & manuscripts

Manner of access requested:

examine materials and take notes for research
 photograph/film/videotape collection materials [with prior permission only]
 other [Please explain]:

I intend my research to result in: article book thesis dissertation
 project for a course conference paper
 exhibition other [Please explain]:

The CCS Bard Library and Archives may reveal my name and the subject of my research in its publications and to other researchers working or planning to work on related topics. Please indicate "yes" or "no" and initial.

Yes _____ No _____

Agreement:

I have read and understand the rules and policies of the CCS Bard Library and Archives as set forth in the "Rules and Procedures" and, by my signature below, agree to abide by them. I understand that in the event I do not adhere to these rules and policies, my privileges as a reader may be revoked.

Signature

Date

Please return the original of this form to the Director of Library and Archives, CCS Bard, Annandale-on-Hudson, NY 12504.

For CCS Use Only

Initials:_____