

Lloyd Library
Researcher Registration

Please read the Reading Room Guidelines and complete all applicable sections (please print):

Date: _____

Name: _____

Institutional/professional affiliation and/or field of study:

Email

address: _____

Permanent home address:

Temporary local address (for visiting researchers):

Phone (home/cell): _____ Phone (work): _____

Copy of photo ID:

I have read the Reading Room Guidelines and agree to abide by all listed regulations. I accept responsibility for the safe handling and return of all materials used.

Signature: _____ Date: _____