



Research Library Appointment Request Form

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of research visit: _____

Requested appointment date and time: _____

- *Appointment must be made, and approved by staff, at least 2 weeks prior to your visit*

-Walk-ins and appointment requests submitted less than 2 weeks out may not accepted

-Approval of date/time is subject to staff availability

If you are conducting research as part of, or on behalf of, another business or organization:

Business/Organization Name: _____

Contact person: _____

Phone: _____ Email: _____

Is this a non-profit organization? Yes: ___ No: ___ (If yes) Tax ID#: _____

Please explain your research topic and requested materials in as much detail as possible.

The materials for your appointment are retrieved from the archives for your use in the Research Library prior to your visit. Staff may reach out to clarify or narrow down your research topic or requested materials prior to approving your appointment request. (Additional room on the back)

Staff Use:

Date received: _____ Approved: (Y / N) Approved by: _____ Date confirmed: _____

