PATRON USE FORM

Washington University Libraries
Department of Special Collections
University Archives

FOR PATRONS TO COMPLETE

A. **I have read the Rules for the Use of University Archives Materials (see verso/page 2) and agree to abide by all policies and procedures regarding access and the use of archival materials.**

Name: _____

Address/City/Zip Code: _____

Phone/E-mail: _____

Signature: _____

Date(s): _____

B. Status:
___W.U. Staff
___ W.U. Faculty
___ Non-W.U.
___W.U. Undergraduate Student
___W.U. Graduate Student
___W.U. Alumnus

C. Purpose:
___Administrative
___Genealogy
___Media Production
___Publication
___Other (Explain):_____
___Exhibition
___Class/Seminar
___Thesis/Dissertation
___Reunion

D. After consulting with our finding aids, list the materials desired below to expedite retrieval by University Archives staff:

COLLECTION NAME	SERIES / BOX NOS.	ITEMS/REMARKS

FOR STAFF TO COMPLETE

1. Received by: _____In-person _____Phone _____E-mail _____By mail
2. ___ Tick if there are restrictions. Party to be consulted:_____
   Date permission granted: _____
3. ___ Tick if photocopies/scans are made for patron. If so, give nos. _____
4. ___ Tick if *Notification of Intent to Quote from or Publish* form required. Form returned _____
5. ___ Tick if material is lent within the university, date out:_____; date in:_____