

**Southwest Minnesota State University
McFarland Library Archives Research Registration Form**

Researcher Information (please fill out completely)

Name		Institution/Organization	
Address	City	State	Zip
Phone	E-mail		

By signing this document, I, the researcher, affirm that the information provided is valid and correct. I have read and agree to comply with the Reading Room Rules. I understand that Southwest Minnesota State University McFarland Library Archives maintains records of my visit and research at the archives.

Signature

Date

To Be Filled Out by Archives Staff:

Form of ID Provided: _____

Researcher Type (check one):

Administrator: _____
 Alumni: _____
 Community: _____
 Student: _____
 Other: _____

Type of Research (check one):

Genealogy: _____
 Course work: _____
 News: _____
 Personal Interest: _____
 Publication: _____
 Other: _____ (explain)

Topic of Research: _____