History Room Registration Form

All researchers MUST complete the registration information below, read the entire History Room Policy, and sign the bottom of this sheet BEFORE they are allowed access to the collections.

Name
___________________________________________________________________________________

Title ____________________________   Institution (if applicable)
__________________________________

Street Address
_______________________________________________________

City _______________________________________   State ________________________   Zip
________

Telephone:  home/work/cell (_____) _______________   email
___________________________________

Status: ______ OCLN Patron; ______ Student; ______ Other: ____________________________

Reason for Research: _______ Genealogy; _______ Thesis/Dissertation; _______ Other:
____________________________________________________

Research Topic:
_______________________
____________________________________________________

Collections of Interest
__Antique Collection   __Archival Materials   __Daniel Webster Collection   __Edward Snow Collection
__Genealogy Resources. __Map Collection   __Newspapers Collection   __Town/State Records
__Rare Book Collection

Staff Use only: Materials viewed
________________________________________________________

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I have read and agree to comply with all the stated research rules.

Signature_____________________________________________Date ____________________________