



**Ventress
Memorial Library**
781-834-5535

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 _____

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

Signature _____ Date _____