

## Helen Farr Sloan Library & Archives Researcher Registration Form

Name			
Address	City	State	Zip
Email	Phone		
Institution	Title		
If student, degree sought and advisor's name			
Collection(s) to access			
Subject of research			
Purpose of research (please provide details such as title, projected publication or exhibition date, etc.)			
□ Publication □ Exhibition □ Media □Other			
Proposed date(s) of visit			
I have read the Access to Archives and Special Collections Policy of the Delaware Art Museum and agree to abide by the terms of access and use. I understand that any infringement may be considered cause for withdrawal of			
privileges.			
Signature		Date	
Signature		Dute	