

## Helen Farr Sloan Library & Archives Researcher Registration Form

Please complete this form and return to <a href="mailto:rdieleuterio@delart.org">rdieleuterio@delart.org</a>

Name			
Address	City	State	Zip
Email	Phone	1	
Institution	Title		
If student, degree sought and advisor			
Collection(s) to access			
Subject of research			
Purpose of research			
Academic publication □ Non-academic publication □ Exhibition □ Media □ Other (please describe) □			
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	