

Researcher Registration Form
Application to Use the Archives of The American College of Surgeons

Date: _____

Name: _____

Permanent Address: _____ Permanent phone _____

E-mail address _____ Cell phone _____

Local Address: _____ Local phone _____

Researcher Institution affiliation and status: _____

Statement of Research Topic: _____

Describe types of materials you hope to find: _____

Intended use of research:

Use of information about you:

May we tell others of the subject of your research? ___ yes ___ no

May we tell others about the material you used? ___ yes ___ no

May we contact you as part of future user studies? ___ yes ___ no

How did you learn of the repository?

Signed: _____