



Research Room Registration Form

Instructions: Complete items 1 through 11; sign the declaration.				
1. Name	Last	First	M.I.	2. Home Telephone Number
3. Affiliation			4. E-Mail	
5. Street Address			6. Business Telephone Number	
7. City / Town	State	Zip	Country	

8. Purpose of Research (Check the one that best applies)

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 State Agency Administration | <input type="checkbox"/> 05 Legislative Research | <input type="checkbox"/> 09 Book or (newspaper, magazine) article |
| <input type="checkbox"/> 02 Genealogy/Family History | <input type="checkbox"/> 06 Community History | <input type="checkbox"/> 10 Real Property Title Search |
| <input type="checkbox"/> 03 Military History/Service | <input type="checkbox"/> 07 Historic Preservation/Archaeology | <input type="checkbox"/> 11 Instructional Use |
| <input type="checkbox"/> 04 Student Paper/Thesis | <input type="checkbox"/> 08 Illustration for book, exhibit video, etc. | |

9. Research Topic/ Information Sought _____

10. Yes No Have you ever used materials in this research room before?

Declaration:

I have been provided with a copy of the rules of the Archives/Library research room and agree to abide by them.

11. _____

Signature

Date

New York State Education Department Use Only

A. Type of Identification Presented:

_____ Driver's License Number
(State)

Other _____

B. Registered by:

(Name of Employee)

Staff Comments

Information given on this form is for statistical and security purposes only. It is not divulged to outside parties.