Reader’s Application

Name: (please print)

Permanent Address:

Phone: E-Mail:
Institutional Affiliation:

Academic classification: Faculty Graduate student
Undergraduate student Independent scholar

Describe fully the subject, scope, and purpose of research:

Type of material requested: printed material (books & periodicals) archives

Activity:
examine materials and take notes for research
consult interlibrary loan materials
photograph collection materials [with prior permission only]
identify materials for an exhibition loan
request copies or scans
other [Please explain]:

I intend my research to result in:
article book thesis dissertation project for a course
conference paper/presentation exhibition creative project documentary film
other [Please explain]:

The Fales Library Special Collections may reveal my name and the subject of my research in its publications and to other researchers working or planning to work on related topics. Please indicate “yes” or “no” and initial.

Yes ______ No ________

(Continued on back)

02/14/14
Agreement:
I have read and understand the rules and policies of the Fales Library & Special Collections as set forth in the “Rules and Procedures” and, by my signature below, agree to abide by them. I understand that in the event I do not adhere to these rules and policies, my privileges as a reader may be revoked.

________________________________________________  __________________
Signature                                           Date

Please return the original of this form to the Reference Librarian. Fales Library & Special Collections, New York University, 70 Washington Square South, 3rd floor, New York, NY 10012.

For Fales Use Only:

Curator________