

Reading Room Registration Form

(manuscripts, pamphlets, maps or printed material before 1950)

(manascripts,	pampinets, maps of printe	d material before 1990)		
Date:	(MM/DD/YYYY)			
Name:				
Address:				
Number	Street	City	State	Zipcode
Phone:		Email:		
Requested Items:				
Signature:				
Staff Initials:	ID Presented:			