



University Archives
Research Application

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

How did you hear about our holdings?

Clayton State University Affiliation:

- ☐ Clayton State Undergraduate
- ☐ Clayton State Graduate Student
- ☐ Clayton State Faculty
- ☐ Clayton State Faculty - Retired
- ☐ Clayton State Staff
- ☐ Clayton State Faculty – Retired

- ☐ Non-Clayton State Undergraduate
- ☐ Non-Clayton State Graduate
- ☐ Alumni
- ☐ Community
- ☐ Visiting Researcher
- ☐ Other

Purpose of Research (Check all appropriate items):

- | | | |
|---|---|---|
| <input type="checkbox"/> Class Assignment | <input type="checkbox"/> M.A. Thesis | <input type="checkbox"/> Genealogy |
| <input type="checkbox"/> Honors/Senior Thesis | <input type="checkbox"/> Ph.D. Dissertation | <input type="checkbox"/> Local history |
| <input type="checkbox"/> Graduate/Seminar Paper | <input type="checkbox"/> Article | <input type="checkbox"/> Pictorial research |
| <input type="checkbox"/> Clayton State University History | <input type="checkbox"/> Book | <input type="checkbox"/> Personal interest |
| <input type="checkbox"/> Administrative Use | <input type="checkbox"/> Exhibit | <input type="checkbox"/> Other |

What are your publishing plans?

Data from this form will be used to compile statistical data for the Clayton State University Archives.

We attempt to inform researchers of others with similar interests. Do you object to having your name and information about your research topic made available to others working in this area?

☐ Yes ☐ No

You have been provided with a copy of the Rules for Using the Clayton State University Archives. Please read these rules and sign below.

I have read, I understand, and I agree to abide by the *Rules for Using the Clayton State University Archives*.

Your Signature

Date

For Archives Use:

Received by:		Date:	
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Collections used:	
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