

SOUTHWEST COLLECTION/SPECIAL COLLECTIONS LIBRARY
TEXAS TECH UNIVERSITY

READING ROOM REGISTRATION FORM

Name (please print): _____

Address: _____

(City, State) _____ (Zip) _____

Telephone: (_____) _____

Email address: _____

University or business affiliation: Texas Tech Other _____

Status: Undergraduate Graduate Student Faculty/Staff
 Tech Alum Genealogist General Researcher

Research purpose: Class Project Thesis/Dissertation Genealogy
 Publication (book, article, etc.) Other

Research topic: _____

I have read the rules listed in the Reading Room Procedures Form and agree to abide by them.

Signature: _____

Date: _____