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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:_____