

Request for Use of ETS Archives

Name: _____

Address: _____

Telephone Number: _____

E-mail: _____

Institution: _____

Faculty: ____ Student: ____ Other (Please Specific): _____

Research Topic:

Materials Desired (If Known):

Date and Time of Visit:

I have read and agree to follow the policies and rules for the use of Archives at Ecumenical Theological Seminary.

Signature

Date

Please e-mail, fax, or mail this form to the Biersdorf Library at least one week before your visit. If the date of your visit is not acceptable for the Director of Library Services, he/she will call you and attempt to find a another time for you visit.

