

# John Wilson Special Collections Registration

*Please print and fill out completely:*

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Institutional Affiliation (if any): \_\_\_\_\_

By signing below, I attest that I have provided the correct personal information and that I agree to the conditions of the *John Wilson Special Collections Rules & Procedures*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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## (STAFF USE ONLY)

*ODL, other state driver's license or other photo identification required.*

Card #: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Reason for use of materials:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_