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Kraemer Family Library
UCCS Archives
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Research Registration Form

Appointment:
Date

Walk-In:
Date

Have read and understand the "Guidelines Governing Use of Collection" _____
Initials

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Last First Middle

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Street

City State Zip Code

Phone: _____
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Fax # E-mail

Institutional Affiliation (if any) _____

Areas of Research _____

Status of Request (Staff Use Only)

Researcher Name (last, first, middle initials) _____

Date: _____

