

# HAMPTON UNIVERSITY

Hampton, Virginia 23668

University Archives  
and  
University Museum

## RESEARCHER'S REQUEST FORM

Hampton University's Archival and Museum Holdings are to be used primarily for non-profit scholarly research. You are hereby required to complete this form and adhere to all restriction and regulations on the use of our Archival and Museum Holdings.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Institutional Affiliations (if any):** \_\_\_\_\_

### Academic Status (if any):

|                                     |       |                                   |    |
|-------------------------------------|-------|-----------------------------------|----|
| Hampton Institute undergraduate     | __    | Hampton University faculty member | __ |
| Hampton University graduate student | __    | Hampton University staff member   | __ |
| Other                               | _____ |                                   |    |

### Research Purpose (check all that apply):

|   |  |
|---|--|
| <input type="checkbox"/> Class paper        | <input type="checkbox"/> Historical research |
| <input type="checkbox"/> Genealogy          | <input type="checkbox"/> Literary research   |
| <input type="checkbox"/> Local history      | <input type="checkbox"/> Pictorial research  |
| <input type="checkbox"/> M.A. thesis        | <input type="checkbox"/> University Archives |
| <input type="checkbox"/> Ph.D. dissertation | <input type="checkbox"/> Other               |

**Area of Research (Please be specific):** \_\_\_\_\_

**Publication Plans (if any):** \_\_\_\_\_

**Journal Article:** \_\_\_\_\_

**Book:** \_\_\_\_\_

**Other (Please explain):** \_\_\_\_\_

## RESEARCHER'S REQUEST FORM, CONTINUED

I have read and understand the regulation governing the use of the Hampton University Archival and Museum resources and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR INTERNAL USE ONLY — UNIVERSITY RESPONSE:

Archives/Museum                      Action \_\_\_\_\_ Signature \_\_\_\_\_

Chancellor and Provost              Action \_\_\_\_\_ Signature \_\_\_\_\_

Vice President Business Affairs      Action \_\_\_\_\_ Signature \_\_\_\_\_

University President                  Action \_\_\_\_\_ Signature \_\_\_\_\_

### COMMENTS (if any):

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