

Researcher Registration/Request

Rare and Special Collections of the National Agricultural Library

Please Print

Date

Last Name First Name M.I.

Street Address City State

Zip Code Country (Non-U.S.)

Home Phone Business Phone Ext.

Fax E-mail

Identification: check most applicable

Student
 Faculty } Educational Affiliation

USDA USDA Retired NAL Staff Research Assistant -- Affiliation

Other (please specify)

Subject of Research/Request

I have read the National Agricultural Library, Rare and Special Collections Reading Room Rules for Use, and I agree to abide by them. I realize that I am responsible for conforming to copyright, right-to-privacy, and any other applicable statutes. I agree to indemnify and hold harmless the U.S. Department of Agriculture, the National Agricultural Library, its officers, employees, and agents from any and all claims resulting from the use of materials in the Rare and Special Collections. I understand that failure to comply with these rules may result in the denial of access to the collections.

Signature

Date

In the event that it appears to the Rare and Special Collections staff that your research parallels that of another researcher, do you wish to have your name, address, and research topic released to the other researcher? ____ (yes) ____ (no)

For Staff Use Only

Request was received

By E-mail By Phone By Mail By Fax In Reading Room

How did patron find out about Special Collections?

Web Special Collections Brochure/Handout (title): _____

Referral from: NAL Reference DCRC USDA (specify office): _____

Staff Action

Referred Researcher to: Information Center (circle one): AFIC AWIC FNIC RIC TTIC WQIC
 NAL Reference NARA National Arboretum Other: _____

Supplied or Sent:

Reproduction Pricing Information Billing Form Permission to Publish Form

Other Action Taken or Information Supplied: (Okay to attach copy of email response)

Requests for reproductions:

Photocopies Total number of photocopies: _____

Reproductions Total number of reproductions: _____

Number of slides: _____ Number of transparencies: _____

Number of negatives: _____ Number of prints: _____

Entered in Registration Database: Patron # _____

Amount (in minutes) of staff time spent on request: _____

Staff Initials: _____ Date Completed: _____