

**UCI Libraries** Surname: \_\_\_\_\_  
**Special Collections and Archives**

**Researcher Registration Form**

**Name** (please print): \_\_\_\_\_  
(last) (first) (middle)

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (city) (state) (zip)

**Identification:** (check one)    UCI ID            driver's license            passport

**Status:** (check one)    UCI Undergrad    UCI Grad student    UCI Faculty    UCI Staff  
                                  Community            Independent researcher    Visiting faculty

**Institutional affiliation:** (check one)    UCI    Other \_\_\_\_\_

**Department/Major:** \_\_\_\_\_

**Subject of research:** \_\_\_\_\_

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

**Course / Instructor** (e.g. History 40A / Block): \_\_\_\_\_

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**I have read the rules on the reverse of this form and agree to abide by them.**

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

**Staff initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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