

Georgia O'Keeffe Museum

APPLICATION FOR ACCESS TO RESEARCH CENTER LIBRARY

Thank you for legibly completing and filling out all items on this application form.

Name _____

Date(s) of visit _____

Institutional affiliation _____

Position Faculty/staff Undergraduate
 Graduate Student Other (please specify)

Permanent Address and telephone number

Street _____

City, State, zip code _____

Country _____

Telephone number _____

E-mail address _____

Local Address and telephone number in Santa Fe

Street _____

Telephone number _____

Subject of research and collections to be consulted

Purpose of research

Publication _____

Thesis, Dissertation or coursework _____

Professor _____

Other (please specify) _____

Please indicate where you learned about the Research Library

Colleague _____

Web site _____

Brochure (please specify) _____

Other (please specify) _____

In the event that it appears to the Research Center 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

Would you like to be added to the Georgia O’Keeffe Museum mailing list?

Yes

No

I have read the policies and procedures of the Georgia O’Keeffe Museum Research Center Library and agree to follow them. I understand that failure to comply with these rules may result in denial of access to the collections.

Signature _____

Date _____

For staff use only:

ID _____

Expires _____

Dates _____

Subjects _____

Staff initials _____