



Moravian College and Moravian Theological Seminary Archives
Registration Form

Full name (please print): (Last) (First) (Middle initial)

Permanent address: (Street) (City, state) (Zip)

Home/work/mobile phone:

E-mail address:

Status:

- Student Freshman Sophomore Junior Senior Graduate (circle one)
Faculty/staff - Department:
Off-campus researcher - Organization:

Research topic:

Purpose of Research (check all that apply):

- 01 Moravian College (general) 05 Alumnus/alumna
02 Class project/term paper 06 Genealogical/family history
03 Administrative query from College department 07 Local history/Bethlehem
04 Publication (article, book) 08 Other (please specify):

What would you like to consult? (Please list any specific collections, types of materials and/or subjects you would like to see):

Acknowledgement

I have read and will observe the guidelines for using Special Collections at Moravian College. I understand that by signing this registration form, I agree to handle and respect archival materials appropriately.

Signature

Date

To be completed by the Archives staff:

Number of visits: _____

Records used: _____

Number of photocopies: _____

Special requests / notes: _____
