Specialized Collections Use Form
West Virginia Archives and History

Name ____________________________________________________________

Affiliation _________________________________________________________

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E-Mail Address (optional) ____________________________________________

Purpose of Research (check all that apply)

___01 State agency operations _____________________ ___02 Legislation

___03 Genealogy _________________________________ ___04 Military history

___05 Student paper ______________________________ ___06 Graduate thesis

___07 Community history _____________________________ ___08 Historic preservation

___09 Archaeology _________________________________ ___10 Printed publication

___11 Illustrations _________________________________ ___12 Legal proceedings

___13 Property title search __________________________ ___14 Exhibit

___15 Instructional use ______________________________ ___16 Audiovisual Archives

___17 Other (please specify): __________________________________________

DECLARATION:
I acknowledge that I have received, read, understand and will abide by the Archives and History Library rules as listed. I understand that violation of the rules is grounds for revocation of permission to use the library or Archives and History materials. For any publication, broadcast, film, exhibition, etc., in which this material is used, I will give credit as follows: “West Virginia State Archives.” When a specific collection name is provided by Archives and History, that name will also appear in the credit line.

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