LOWELL THOMAS COLLECTION
RESEARCH REQUEST FORM

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Date _____ **Name** _____

Street Address _____

City/State _____ **Zip** _____

Phone _____ **Fax** _____

Email Address _____

Institutional Affiliation (if any) _____

Academic Status (if any)
__ Undergraduate Student __ Graduate Student
__ Faculty __ N/A

How did you learn about our Archives and Special Collections holdings?
__ Citation in published work __ On-line catalog __ Word of mouth
__ World Wide Web __ Instructor __ Printed guide
__ Referral from another institution __ N/A

Purpose of Research (check all that apply)
__ Historical research __ Literary research __ Pictorial research

__ Dissertation/Thesis __ Other _____

Research Director/Instructor (if any) _____

Publication Plans (if any)
__ Journal article __ Newspaper/magazine article __ Book
__ Film/video __ Sound recording __ Web page/Internet display
__ Exhibit __ Other _____

STATEMENT OF PURPOSE

1. **Please describe the purpose of your research in detail, or attach a signed letter stating the purpose of your research.**
2. **Attach a copy of your curriculum vitae or resume.**

Purpose of Research _____

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Signature _____ Date _____

PLEASE RETURN THIS FORM TO:
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Head of Archives and Special Collections
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Poughkeepsie, NY 12601

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