



Clayton State University Library Archives
Research Application

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Select One

<input type="checkbox"/>	Clayton State Undergraduate Student	<input type="checkbox"/>	Non-Clayton State Undergraduate Student
<input type="checkbox"/>	Clayton State Graduate Student	<input type="checkbox"/>	Non-Clayton State Graduate Student
<input type="checkbox"/>	Clayton State Alumni	<input type="checkbox"/>	Community
<input type="checkbox"/>	Clayton State Faculty/Staff	<input type="checkbox"/>	Visiting Researcher
<input type="checkbox"/>	Clayton State Retiree	<input type="checkbox"/>	

Subject of Research: Please be specific: include dates, names, etc.

Purpose of Research: Check all appropriate items.

<input type="checkbox"/>	Class assignment	<input type="checkbox"/>	M.A. Thesis	<input type="checkbox"/>	Genealogy
<input type="checkbox"/>	Honors/Senior Thesis	<input type="checkbox"/>	Ph.D. Dissertation	<input type="checkbox"/>	Local history
<input type="checkbox"/>	Graduate/Seminar Paper	<input type="checkbox"/>	Article	<input type="checkbox"/>	Pictorial research
<input type="checkbox"/>	Clayton State history	<input type="checkbox"/>	Book	<input type="checkbox"/>	Personal interest
<input type="checkbox"/>	Administrative	<input type="checkbox"/>	Exhibit	<input type="checkbox"/>	

Publication plans: _____

How did you hear about our collections?

For Archives' Use:

Received by:	_____	Date:	_____
Collection:	_____		

Rosemary Fischer, University Archivist
Clayton State University Library Archives
2000 Clayton State Boulevard
Morrow, GA 30260
678.466.4333
rosemaryfischer@clayton.edu