



ARCHIVES MATERIALS REQUEST FORM
James Pendergrast Memorial Library
Albany State University – East Campus

Request Accepted By: _____

Date Accepted: _____

Date material is needed by (allow at least 48 hours): _____

(Please print clearly, do not abbreviate, fill out the entire form)

Name: _____

Status: Faculty ____ Staff ____ Graduate Student ____ Undergraduate ____ Alumni ____ Other ____

Address: _____

City: _____ State _____ Zip _____

Phone Number () _____ Fax () _____

E-mail address: _____

Do you want to schedule an appointment to view the University Archives? Yes ____ No ____
(If yes, please allow up to 24 hours for a library staff member to contact you regarding an appointment time.)

Signature at Check-Out _____ Date _____

Signature at Check-In _____ Date _____

Materials requested (please be specific):

Staff may provide photocopies when applicable at the cost of \$.25/page to the requester.

Photocopies Acceptable _____ Original Only _____

Special Instructions: _____

* Please remember to visit the Ram Scholar Repository at <http://ramscholar.openrepository.com/ramscholar/> to view electronic versions of some of the materials from the University Archives, programs from University events, and much more.

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