

WVAH-02
Form #2

Specialized Collections Use Form
West Virginia Archives and History

Name _____

Affiliation _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

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.

Signature _____ *Date* _____