

GRADUATE THEOLOGICAL UNION ARCHIVES

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7. Careful use of a digital camera is allowed for personal research, unless otherwise noted for the collection,
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Graduate Theological Union Archives

Research Request Form

Requestor

Full Name: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Alternate Phone: _____

Email Address: _____

Institutional Affiliation: _____

Materials Requested (include additional information if needed)

Collection(s):	Box/ Folder
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reason for Request (please indicate topic / institution)

1. Paper for course _____
2. Thesis / Dissertation _____
3. Research for Book / Article _____
4. Other _____

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Signed: _____ Date: _____