LANGSDALE LIBRARY
Special Collections Department

http://archives.ubalt.edu

university of baltimore

UNIVERSITY SYSTEM OF MARYLAND

REQUEST APPOINTMENT – *all appointments must be confirmed by return e-mail*

1st choice of DATE: TIME:

2nd choice of DATE: TIME:

3rd choice of DATE: TIME:

RESEARCH ROOM REQUEST FORM

- Hours are 8:00 AM – 5:00 PM, **by Appointment Only**
  (Please note no documents will be pulled after 4:30 PM)
- In using Special Collections material, please handle with care and return documents to their original folder and/or box.
- Eating and/or drinking is prohibited in the Research Room.
- Researchers must use pencils (no ink pens) for note taking.
- Permission must be obtained before duplication of any item, including through use of personal digital camera or scanner.

I have read and agreed to the above: _____
UPON ARRIVAL, RESESARCHERS MUST SIGN BEFORE ACCESSING THE COLLECTION(S)

Name: E-Mail: Phone:

Street Address: Apt./Box number:

City: State/Postal Code: *Affiliation*:

UB Faculty ☐ | UB Staff ☐ | UB Student ☐ | Public ☐ | *Visiting Faculty* ☐ | *Visiting Student* ☐ | *Visiting Staff* ☐

Collection	Series	Box	folder not required	Location staff use only			