



Last Name First Name Middle Initial

Phone Number: home office cell

Email Address:

Mailing Address: Business Home

- Classification (Please mark all that apply)
Researcher Donor of AHC collection material University/College Faculty
Business Undergrad Student UW Alumni
General Public Graduate Student K-12 Student
Wyoming Resident University/College Staff K-12 Teacher

Home County (if WY Resident):

Affiliation (Business/School/College, etc):

- Referred to AHC by:
Class/Instructor Word of Mouth Citation Print Ad Instagram
Online Catalog AHC Faculty/Staff Donor Radio Ad UW Libraries
Self-Referred ArchiveGrid Facebook ArchivesWest Other Library
Web Site Blog OCLC/WorldCat Twitter Other:

Topic of AHC Research:

- Category of Primary Research Use:
Article Creative Writing Film Personal Interest
Artwork Dissertation/Thesis History Day Research Paper
Book Exhibit News Article Curriculum Development
Business Family History Presentation Other (describe):

Please see accompanying pages of form for reading room rules.

By signing here, my signature indicates that I have read the rules on the accompanying pages and agree to abide by them. I understand that security cameras are in use in the room. I further understand that failure to comply with these rules may result in denial of access to collection material.

Researcher Signature: Date:

Upon completion, please present a photo ID to the reference archivist.

Table with 3 columns: Identification supplied by researcher, Archivist on duty, and ArchivEra Data Entry Completed (Date, Initials). Includes header: Office Use Only. Revised January 2026 [both form & researcher responsibilities]