



Simmons College Archives
Researcher Registration Form

Name: _____

E-mail Address: _____

Status: (check one)

- Simmons Faculty/ Staff
 Simmons Student (circle one): Undergraduate Graduate
 Simmons Alumnae/i
 Visiting Researcher

Mailing Address/ Department:

Phone: () _____ Work Phone: () _____

Student / Faculty I.D. Number (if applicable): _____

In the event that it appears to the Archives' staff that your research parallels that of another researcher, do you wish to have your name, address, and research topic released?

Please Initial: Yes _____ No _____

I have read and agree to abide by the Simmons College Archives *Regulations for the Use of the Archives*. I realize that I am responsible for conforming to copyright, right-to-privacy, libel, slander, and any other applicable statutes. I agree to indemnify and hold harmless Simmons College, its officers, employees, and agents from any and all claims resulting from the use of materials in the Simmons College Archives. I understand that failure to comply with these rules may result in the denial of access to the collections.

Signature: _____ Date: _____