



BOSTON COLLEGE

JOHN J. BURNS LIBRARY

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Signature

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Date

Street Address

Telephone #

City, State & Zip

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E-mail

Camera in Reading Room? ☐ Yes ☐ No

Please check one: ☐ BC Faculty ☐ BC Staff ☐ BC Undergraduate Student ☐ BC Graduate Student ☐ BC Alumni
☐ Other

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Researcher's Name: _____
Last First

Date	Collection Name(s)