## Maryknoll Mission Archives - Archival Research Application Form

Type of Application: $\square$ New $\square$ Returning			
Researcher Information: Full Name	Affiliation, organization or institution  Job title or academic background		
Address			
Preferred phone	Email		
☐ Home ☐ Mobile ☐ Work			
<u>Project details:</u> What is the proposed end product of your research:	(choose all that apply)		
□ Book	☐ Journalism (magazine/newspaper/web)		
☐ Undergraduate or graduate course paper	☐ Film or television production		
☐ Master's thesis	☐ Genealogy		
☐ Doctoral dissertation	☐ Exhibit		
☐ Scholarly article or conference paper	☐ Personal interest		
☐ Other (please explain):			
Do you allow the Archives to release information abo	out you and the subject of your research? $\square$ Yes $\square$ No		
	ng any archival materials/collections you have already ge you to attach supporting documents such as project re detail you provide, the better able we will be to		

I have read and signed the Maryknoll Mission Archives Research Rules and Regulations. I realize that I am responsible for conforming to copyright, right-to-privacy, libel, slander and any other applicable federal and state statues. I agree to indemnify and hold harmless the Catholic Foreign Mission Society of America, Inc., the Maryknoll Sisters of St. Dominic, Inc., the Maryknoll Mission Association of the Faithful, Inc., their officers, employees and agents from any and all claims resulting from the use of materials in the Maryknoll Mission Archives. I understand that failure to comply with these rules may result in the denial of access to the collections in the future.

Signature:	 	 	
Date:			

Please submit the completed form and any additional documentation including your curriculum vitae to:

Maryknoll Mission Archives
P.O. Box 305
Maryknoll, NY 10545-0305
archives@maryknoll.org
www.maryknollmissionarchives.org