

## **Research Request Form**

Name:	Title:
Address:	Phone:
E-Mail:	Date:
City:	State:Zip:
Institutional Affiliation:	
Nature of Research: ☐ Personal ☐ Publication	☐ Exhibition ☐ Scholarly or Academic ☐ Other
Title:	Topic:
Subject:	
Material sought:	☐ Photographs ☐ Maps ☐ Other
Describe any specific item(s) you would like to view:	
☐ I have read the rules of access on the first page	e and agree to abide by all rules and regulations of
Brownsville Historical Association.	
Signature:	Date:
SUBMIT FORM	
MUSEUM STAFF USE ONLY	
Date: Staff Contact:	
Status:Staff	Time Required:
Payment:	
Nature of Contact: ☐ Phone ☐ In-Person ☐	☐ Email ☐ Other

## **Brownsville Historical Association Collections**