The Jacob Rader Marcus Center of the
AMERICAN JEWISH ARCHIVES

APPLICATION FOR RESEARCH

(must be filled out once every academic year- July 1 - June 30)

Name:_____
(Last) (First) (Middle)

Permanent Address:_____

Permanent Email:_____ Mobile Phone:_____

HUC-JIR Badge No. (Fellows only):_____ Dates at the AJA:_____

Academic Affiliation (if applicable)

Institution: _____

Degree level (M.A., Ph.D., etc.): _____ Date expected: _____

Department: _____ Advisor: _____

Research Topic:_____

_____

Research Purpose (dissertation, book, family history, etc.):_____

_____

Publication plans (publisher, date and place):_____

_____

I would like to receive information and updates (via electronic and regular mail) about the AJA's collection and programs, as well as receive a hard copy of the *AJA Journal*. _____(Yes) _____(No)

I have read the rules and policies of The Jacob Rader Marcus Center of the American Jewish Archives that were included in this packet. I agree to adhere to the AJA's rules and policies. I also understand that I will be held liable for any loss or damage to AJA materials used during the course of my research. I also understand that the AJA charges fees for reproduction of its documents and that I will be responsible for paying fees for any reproductions I request.

Signature:_____ Date:_____