

Research Assistant Registration Form

Name of Faculty _____

Email address of Faculty _____

Hinman Box _____ Department _____ Phone _____

Name of Research Assistant _____

Email address of RA _____

Comments, Restrictions, Etc.

Expiration Date _____

I understand that I will be responsible for any library materials charged out in my name by this research assistant prior to the expiration date.

Faculty signature _____

Please print, sign, and have Research Assistant bring to
Library Circulation to obtain their Library card.