



**Margaret H. McAllen Memorial Archives**  
**RESEARCH REGISTRATION FORM**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

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LRGV Local address: \_\_\_\_\_

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Email address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_

Research topic & era: \_\_\_\_\_

Investigation focus: \_\_\_\_\_

Purpose of research:

Brief Personal Survey

Detailed Personal Study

Photograph Order

Long-term Analysis

Genealogy Study

Publication or paper

If known, signify needed collections/records:

\_\_\_\_\_

***Please note*** that any research information retained by the Archives is considered private information, but may be requested by and given to legal authorities. For the security and protection of our unique and valuable materials this Research Registration Form and the table on the reverse will be filled out and retained whenever archival materials are retrieved.

**I have read the Reading Room Rules and agree to abide by them. I will be responsible for conforming to copyright and literary property rights.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

