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 an updates (via electronic and regular m about the AJA's collection and progra well as receive a hard copy of the AJA Journal.	nd nail) ms, as	(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:____