

# South Dakota Oral History Center

## Researcher Information - Demographic

Name of Researcher: \_\_\_\_\_

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

Telephone Number/ Email: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Highest Academic Degree held by Researcher: \_\_\_\_\_

Purpose of Research: \_\_\_\_\_

\_\_\_\_\_

Description and/or Working Title: \_\_\_\_\_

\_\_\_\_\_

Will this research be used in any commercial manner? Yes/No [circle one] If Yes, Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If used, South Dakota Oral History Center materials must include the following citation[s]:

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Date Researcher plans to use/publish material: \_\_\_\_\_

\_\_\_\_\_

Researcher Signature

\_\_\_\_\_

Date

Permission to use SDOHC Archives granted by: \_\_\_\_\_ Date: \_\_\_\_\_

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Materials Requested:

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