

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:
