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. _____________________________________________________________

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Researcher Signature ____________________________________________ Date ______________________

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