

**Community of Christ Archives Patron Hours:
M, Tu, Wed, Thu 9 AM to 12 – 1:30 to 4 PM
Fridays by appointment**

I am requesting access for research at the Community of Christ Archives:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

INSTITUTIONAL AFFILIATION: _____

E-mail address: _____ Phone: _____

***PHOTO IDENTIFICATION REQUIRED IF RESEARCHING ONSITE.**

DATE OF ARCHIVAL RESEARCH IN INDEPENDENCE:
(Length of period of research anticipated)

PLEASE LIST AREAS OF RESEARCH and/or INTEREST:
(NAMES OF PERSONS; LOCATIONS; SUBJECTS, etc.)

For off-site assistance please list subject of inquiry:

It is our policy to make a charge for research for patrons off-site.
This is usually \$10/hour and 20 cents a page for photocopies of printed materials.
There is a limit to the number of photocopies at one session.

SIGNATURE: _____ DATE: _____