

## **Class Visit Request Form**

## University Archives and Special Collections, CSU-Pueblo 2200 Bonforte Blvd., Pueblo, CO 81001 archives@csupueblo.edu

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Name:				Today's <b>Date</b> ://				
	Last	First		Middle	•	Month		Year
Phone: (	)		E-mail:					
Departmen	nt:							
Class Name	e and Num	ber:						
No. of Clas	ses:			No. of Stud	ents per class:			
Day of the \	Week and	Time Reques	sted:					
Research I	Interest: _							
How did yo	ou hear of	our holding	s?					
May we info	orm another	user studyin	ıg a similar topic	that you are	researching this to	pic? (yes)	(no)	
Regulations	s for use of	archival mat	terial:					
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## **Archival Material Used\***

Description	Colle	ction ID	Box No.	Folder No.		
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	Books					
Author/Title		Call No.				

<sup>\*</sup>Filled out by staff