

**The Richard Pousette-Dart Foundation**

**RESEARCHER FORM**

Name: \_\_\_\_\_

University/Museum affiliation: \_\_\_\_\_

Please check:

- Undergraduate
- Graduate Student
- Faculty/Staff
- Other

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

The purpose of your research is:

- Scholarship
- Class assignment
- Exhibition research
- Genealogy
- Personal interest
- Other: \_\_\_\_\_

A brief description of your research:

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\_\_\_\_\_  
Signature Date