



ROBBINS LIBRARY

700 Massachusetts Avenue  
Arlington, MA 02476

**LOCAL HISTORY COLLECTION REGISTRATION FORM  
INDEPENDENT RESEARCH**

Name:

Date:

Street address:

Affiliation:

City/Town:

State:

Zip Code:

Telephone numbers: Home:

Work:

Email address:

Nature of research:

Describe any preliminary research undertaken:

Expected duration of research:

I agree to abide by the policy established for the use of the Robbins Library Local History Room as well as the requirements for use or reproduction of any of the photographs or slides in the Local History Collection. The information given in this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Identification (MLN card/driver's license)

\_\_\_\_\_  
Signature of parent if minor

\_\_\_\_\_  
Reference librarian initials

APPROVED:

EXPIRATION DATE: