**B. H. Carroll Center for Baptist Heritage and Mission**

**Southwestern Baptist Theological Seminary**

**Researcher Registration Form**

Date

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | | First Name and M. I. | |
| Phone | | Email Address | |
| Street Address | | | |
| City | State | Zip Code | Country |

□ SWBTS/Scarborough College Student □ Faculty □ Staff

□ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of Research**

What is the purpose of your research (Check the **one** that best applies)

□ Dissertation/Thesis Proposed Topic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Research Paper Proposed Topic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Undergraduate □Masters □ Doctoral Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Publication Proposed Topic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Administrative Inquiry

□ Genealogy/Family History

□ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The researcher, in signing this form, acknowledges reading the policies and procedures of the B. H. Carroll Center for Baptist Heritage and Mission and affirms that violation of these regulations may serve as cause to prohibit continued use of materials.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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