



RESEARCH LIBRARY
THE GETTY RESEARCH INSTITUTE

APPLICATION FOR EXTENDED READER PRIVILEGES

Before applying for Extended Reader Privileges we ask that you register as a Stack Reader and take a Research Library orientation tour if at all possible.

DATE:

NAME:

HOME ADDRESS (INCLUDING ZIP CODE):

HOME TELEPHONE:

HOME EMAIL:

LOCAL ADDRESS, IF APPLICABLE:

LOCAL TELEPHONE, IF APPLICABLE:

DURATION OF STAY AT THIS ADDRESS:

PROFESSIONAL AFFILIATION OR BUSINESS:

BUSINESS ADDRESS (INCLUDING ZIP CODE):

BUSINESS TELEPHONE:

BUSINESS EMAIL:

DRIVER'S LICENSE NUMBER AND STATE, OR PASSPORT NUMBER AND COUNTRY:

DATE YOU FIRST REGISTERED AS A STACK READER:

READER ID #:

Briefly discuss your research area or specific project in the context of the Research Library. (You may wish to review the "Library" section of our Web site at www.getty.edu/research/library).

May we share your contact information and research topic with others?

Share with Getty staff Share with other Readers Please do not share

- What is the duration of your project?
- How many times per week/month do you plan to use the library?
- In general, what days of the week and times of the day will you be most likely to use the library?

PROFESSIONAL REFERENCES

- Please list two references who can speak about the nature and requirements of your research.
- If your references are not located in the Los Angeles, California area, please supply two letters with this application.

NAME:

TITLE/AFFILIATION:

ADDRESS:

TELEPHONE:

EMAIL:

.....
NAME:

TITLE/AFFILIATION:

ADDRESS:

TELEPHONE:

EMAIL:

APPLICANT'S SIGNATURE:

Return application to:

Loisann Dowd White
Head of Reference Services
Research Library
Getty Research Institute
1200 Getty Center Drive, Suite 1100
Los Angeles, CA 90049-1688, USA
lwhite@getty.edu

You may also fax your application to: (310) 440-7780.

