



Research Registration Form

This application is required to conduct research with/at the Hmong Archives. Please turn in this completed Research Registration Form to the Hmong Archives at the East Side Freedom Library (1105 Greenbrier Street, Saint Paul, MN 55106) or email this form to hmongarchives.org@gmail.com

(Please type or print legibly)

NAME:

Last

First

ADDRESS:

Street

City

State

Zip

Phone Numbers

Email Address

ACADEMIC:

School/College's Name

Major Program

Student Classification: () Undergraduate () Graduate () Doctoral () Other _____

EDUCATION BACKGROUND:

High School

Major

Degree

College

Major

Degree

College

Major

Degree

RESEARCH SUBJECT: _____

By signing below you agree that all information you have provided in this application are true to the best of your knowledge.

Applicant's Signature: _____ Date: _____

Submit completed form to:

Hmong Archives
1105 Greenbrier Street
Saint Paul, MN 55106
Email to: hmongarchives.org@gmail.com

For Hmong Archives Use Only:

Received Date: _____

(Approved by Hmong Archives)