



Research Registration Form

This application is required to conduct research with/at Hmong Education Archives & Library (HEAL). Please turn in this completed Research Registration Form to HEAL at 343 Michigan Street, Saint Paul, MN 55102, or email this form to hmongarchives.org@gmail.com

(Please type or print legibly)

NAME:

First

Last

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 Education Archives & Library
343 Michigan Street
Saint Paul, MN 55102
Email to: hmongarchives.org@gmail.com

For Hmong Education Archives & Library Use Only:

Received Date: _____

(Approved by Hmong Archives)