

BOSTON COLLEGE LAW LIBRARY  
DANIEL R. COQUILLETTE RARE BOOK ROOM

**Registration Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Local Address (if different) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I.D. Type \_\_\_\_\_ I.D. # \_\_\_\_\_

Check One:    \_\_\_ B.C. Law Fac/Staff            \_\_\_ B.C. Law Student  
                  \_\_\_ B.C. Faculty/Staff           \_\_\_ B.C. Graduate Student  
                  \_\_\_ B.C. Undergraduate           \_\_\_ Visiting Researcher

Institutional Affiliation (if non-B.C.) \_\_\_\_\_

Subject of Research  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Distribution: Library retains completed forms.