THE MENIL COLLECTION Individual Research Appointment Request Form

First name:	Last name:
Affiliation:	Title:
Email:	Phone number:
Address:	City:
State:	Zip code:
Country:	Preferred pronouns:
Topic of study:	
Topic of study:	
Proposed dates and times for your visit. Appointmen	tts are available Monday through Friday, $10 \text{ a.m.} - \text{noon and } 1 - 3 \text{ p.m.}$
First preference:	
Second preference:	
Which works would you like to view during your Consult the <u>online collection</u> and list up to 15 works below by ac portion of the complete collection. Alternatively, or additionally, you	cession number. Please note that the online collection represents only a
Is it necessary for you to consult the related object	files during your appointment?
Additional comments or questions: Please share any additional information about your goals for this v	isit so we can best prepare to welcome you.

<u>Three weeks' advance notice is required for all appointments.</u> All requests are subject to approval and availability. Please submit your completed form to <u>academicoutreach@menil.org</u>. A Menil staff member will respond via email with confirmation of the date and time of your appointment and the availability of the work(s) requested. A record of your request and visit will be retained in the object files. Access to the Menil Collection Library and Archives require separate appointments.