



Reference Registration Form

Name: _____

Email: _____

Phone: _____

Address: _____

Member of the Dallas Holocaust and Human Rights Museum? ____yes ____no

Interested in receiving email updates on upcoming exhibits, programs and events?
____yes ____no

Summary of research / project:

I have read the Library and Archives Reference Services Policy and agree to abide by the expectations outlined therein:

Signature: _____

Printed name: _____

Date: _____