

Kumeyaay Community College Archives

5478 Sycuan Road # 10, El Cajon, CA 92019

619 445-6914 fax: 619 445-5176

Application for Research

Name _____ Tribal Member ? Y N

Band/Org. _____ Tribal ID# _____

Address _____ Education:

_____ zip _____ HS _____

Driver's Lic. _____ State _____ College _____

Phone # _____ Grad. Stud. _____

e-mail _____ Post Grad. _____

Reason for request: _____

Part of a Project ? Y N (academic or otherwise)

Project Name: _____

Specific Items to be researched:

Note: BE VERY SPECIFIC. Requests for "all / everything on (a subject)" will be denied.

Privacy Notice: All information provided is **Confidential** and will not be released outside of Kumeyaay Community College. Personal information is for identification and verification use only. Education information is for statistical reporting and will not be associated to ID.

I have read and agree to follow and be bound by the Policy and Procedures of Kumeyaay Community College Archives.

Signature **Date** ____/____/____

Kumeyaay Community College Accepted ____/____/____

Internal use Denied ____/____/____