

**Oberlin Heritage Center/O.H.I.O.
Resource Center**

Resource Center Research Authorization and Information Sheet
(Please fill out this sheet completely and mail with your \$15 deposit.)

Date: _____ Phone: _____ E-Mail: _____

Name: _____

Address: _____

City, State, Zip _____

Specific Question or research goal:

Provide brief background information about your research topic:

Specific sources you wish to have checked:

To avoid duplication of research efforts, please list all the sources you have already covered:

Office Use Only

Deposit received: Yes ____ No ____