



UKRAINIAN AMERICAN  
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УКРАЇНСЬКО АМЕРИКАНСЬКИЙ АРХІВ І МУЗЕЙ

9630 JOS. CAMPAU, HAMTRAMCK, MICHIGAN 48212  
313/366-9764

[www.ukrainianmuseumdetroit.org](http://www.ukrainianmuseumdetroit.org)

Email: [uaamdetroit@gmail.com](mailto:uaamdetroit@gmail.com)

## ARCHIVAL RESEARCH APPLICATION AND AGREEMENT FORM

### **Personal Information** (personal information will be treated as confidential)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Affiliation**

Your Affiliation: \_\_\_\_\_  
(Institution, Organization, Self)

Job Title: \_\_\_\_\_

Academic Background: \_\_\_\_\_

### **Goal or Purpose of Research**

- ☐ Book
- ☐ Family History / Genealogy
- ☐ Personal Interest
- ☐ Scholarly Research
- ☐ Other, please specify:

\_\_\_\_\_

FOR IN-PERSON RESEARCH BY APPLICANT: Please list collections of interest, if known:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR RESEARCH REQUESTS FROM APPLICANT: Please describe research requests(s) in detail for museum staff:

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**Agreement:**

I agree to abide by the policies, procedures, and regulations of the Ukrainian American Archives and Museum (UAAM). Please return completed form (at least two weeks prior to arrival for in-person research) to:

Ukrainian American Archives and Museum  
ATTN: Archives  
9630 Joseph Campau Ave.  
Hamtramck, MI 48212

or email completed form to: [uaamdetroit@gmail.com](mailto:uaamdetroit@gmail.com)

I have read the policies, procedures, and regulations of the Ukrainian American Archives and Museum and agree to pay all relevant research and reproduction fees, in accordance with UAAM fee schedule.

Full Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_