



THE C.G. JUNG INSTITUTE  
OF SAN FRANCISCO

**C.G. Jung Institute of San Francisco, Library & Archives**

2610 Mission St.  
San Francisco, CA 94110  
library@sfjung.org

**Archive User Registration**

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

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

Telephone: (C) \_\_\_\_\_ (O) \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Status: \_\_\_\_\_

Purpose of Study:

Book     Article     Dissertation, Thesis    Other: \_\_\_\_\_

Focus of Study:

\_\_\_\_\_

Describe the archival materials you are requesting:

**I have read the regulations that govern the use of archival materials in the C. G. Jung Institute of San Francisco Library & Archives and I hereby apply for permission to read and take notes from the materials listed above.**

**I acknowledge that permission to examine archival material is granted for reference purposes only. Permission to examine DOES NOT INCLUDE permission to REPRODUCE or PUBLISH the material consulted by me.**

**I acknowledge that permission for copies of photographs or any other reproduction may be granted but FOR REFERENCE PURPOSES ONLY. Reproduction costs are to be paid in advance by me.**

**I acknowledge that permission to publish in any form, all or any part of the material I have reproduced, must be obtained in writing from the C. G. Jung Institute of San Francisco or the copyright holders of individual documents.**

*Please provide a photocopy form of Picture I.D. attached to this document.*

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