The HistoryMakers' Digital Archive ORDER FORM

This form must be completed and returned to CRL with Your Subscriber License Agreement for Your

Order to be processed.

Please Return Form to CRL's Francis Alba:	5. Name of <u>license administrator</u> (Person
Via Email: falba@crl.edu	authorized to complete this form.)
Fax: (773) 955-4339	
Phone: 773-241-3197	
The HistoryMakers Phone: (312) 674-1900	6. Email of license administrator (Please use correct upper and lowercase letters.)
The History Malesca Address	
The HistoryMakers Address: The HistoryMakers	7. Primary contact phone for <i>Digital Archive</i>
1900 S Michigan Ave.	7. I Timary contact phone for Digital Archive
Chicago, IL 60616	
I. NEW OR RENEWING CUSTOMER:	8. Primary contact for fax for Digital Archive
☐ I am a new <i>Digital Archive</i> subscriber.	
☐ I am renewing a <i>Digital Archive</i>	0 Delen
subscription.	9. Primary contact email
Data	10. Additional contact amail (Other individuals to
Date	10. Additional contact email (Other individuals to have administrative access to <i>Digital Archive</i>)
_	have administrative access to Digital Inchive)
1. Digtal Archive product primary contact name	
	11. Purchase order number (if you have one)
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2. Institution	12. Institution FTE
	12. Institution F 1 E
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3. Mailing Address	page)
5. Maining Address	
4. Country	

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14. MARC Record Contact:	18. Special Collections(African American
Name:	_ subject matter)
Title:	-
Phone Number:	Yes No
E-Mail Address:	
45 007 0 0 0 0 4 35	Name:
15. OCLC Collection Management	Title:
	Phone Number:
Yes No	E-Mail Address:
16. Digital Humanities Center:	19. Student Center Liason
Yes No	Yes No
Name:	Name:
Title:	
Phone Number:	Phone Number:
E-Mail Address:	E-Mail Address:
E-Man Address.	
17. Center for Teaching & Learning	
Yes No	
Name:	
Title:	_
Phone Number:	_
E-Mail Address:	