



**UNIVERSITY OF CONNECTICUT
SCHOOL OF LAW LIBRARY
Access Services Department**

RESEARCH ASSISTANT REGISTRATION

To assist us in maintaining accurate records for faculty research assistants, we request that you complete the following and have it signed by the appropriate faculty member.

Professor's name: _____

RA's name: _____

Summer 20 ___ **Fall 20** ___ **Spring 20** ___

(circle all that apply)

Position end date: _____ **Status:** ___ **Gratis** ___ **Paid**

This student is working for me as a research assistant and may need to check out materials from the library. I understand that any materials borrowed by my research assistant in that capacity are linked to my account and it is my responsibility to ensure that the materials are returned in a timely manner.

Faculty signature: _____ **Date:** _____

Please return this form to: **Access Services Department
UConn Law School Library
(860) 570-5111**