



## Hunt Institute for Botanical Documentation

5th Floor, Hunt Library  
Carnegie Mellon University  
4909 Frew Street  
Pittsburgh, Pennsylvania 15213-3890  
Telephone: 412-268-2434  
Fax: 412-268-5677

### Biographical Record

Name (full given name; also preferred form, if different) \_\_\_\_\_

\_\_\_\_\_

Day, month and year of birth \_\_\_\_\_

Place and country of birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Degrees (institutions and years) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Botanical or horticultural specialties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present position and address (with date of appointment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous positions (with dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Publications (attach separate sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where do you deposit herbarium specimens or other voucher materials (e.g., cytological, phytopathological)? \_\_\_\_\_

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Where do you deposit your field notes, laboratory notes, correspondence and manuscripts pertinent to your work? \_\_\_\_\_

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If you retain possession of such materials now, where do you plan to deposit them? \_\_\_\_\_

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If you have made no decision about the disposal of your papers, Hunt Institute urges you to do so. The best place for botanists' papers is at their home institutions; our policy is to accept them only as a repository of alternate resort.

Please indicate the persons or affiliations that influenced you most in your professional work (explain briefly). \_\_\_\_\_

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What do you consider your most important work(s) in the plant sciences thus far in your career (including organizational or educational work as well as research)? \_\_\_\_\_

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Please enclose a recent photo for our Portrait Collection, and indicate date and place it was taken. \_\_\_\_\_

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Please enclose a copy of your curriculum vitae.

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The information requested hereon is intended for historical data collection and will be available for scholarly public access. By signing this form I hereby give my permission for such use, subject to any lifetime restrictions noted below.

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

Restrictions (applicable until the biographee's death unless otherwise noted) \_\_\_\_\_

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