



Researcher Registration Form

NAME: _____ DATE: _____

PERMANENT ADDRESS: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

EMPLOYER/AFFILIATED INSTITUTION: _____

DESCRIPTION OF RESEARCH PROJECT: _____

PURPOSE OF RESEARCH: ACADEMIC PUBLICATION NON-ACADEMIC PUBLICATION EXHIBITION

MEDIA MA/PhD THESIS/DISSERATION/PROJECT CLASS ASSIGNMENT/TERM PAPER

OTHER _____

ANY SPECIAL REQUIREMENTS? _____

THE REYNOLDA HOUSE MUSEUM OF AMERICAN ART ARCHIVES USE POLICIES

The Archives Reading Room is open Tuesday to Friday, 1:00 to 4:30 pm. Visits to the Archives must be scheduled in advance and supervised by the Archivist or an official representative of Reynolda House. All visitors requesting use of archival material must complete and sign this form. In addition, all visitors must register with Security before entering the Archives.

All non-essential belongings including coats, bags, purses, backpacks, briefcases, computer carrying cases, must be checked with staff. No food or drink is allowed, including to-go containers.

The use of pens is not allowed, as they can damage the records. Pencils will be provided upon request. Gloves may also be provided, if deemed necessary due to the nature of the materials.

Archival material is highly fragile and vulnerable to improper handling. To minimize any damage, original documents must remain on the desk and separate from researcher's notes. Documents must not be marked, rearranged, removed from their folders, or taken out of the Reading Room. Only one box at a time will be delivered; researchers should look through records one folder at a time, maintaining the

order in which they were received. Researchers are requested to notify the Archivist if anything appears to be out of order; do not rearrange them yourself.

All references to materials in the collections should be acknowledged as “Reynolda House Museum of American Art Archives.”

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ACKNOWLEDGEMENT

I have read and agree to abide by the rules for using the Reynolda House Museum of American Art Archives and corresponding materials. I am aware that infringement of Reynolda House policies may result in my being excluded from using Museum resources, not limited to the Library and Archives.

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SIGNED: _____ **DATE:** _____

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ARCHIVES REQUEST VIA: VISIT REGULAR MAIL E-MAIL TELEPHONE WEBSITE

MATERIALS TO ACCESS (ACCESSION NUMBER/COLLECTION TITLE):

AUTHORIZED BY: _____ **DATE:** _____