



Collections Access Request Form

Date of Request: _____

Name: _____ Phone # _____

Address: _____

Organization/Institution: _____ Your Position _____

What is the purpose of your visit?

- Personal Research Academic Research Preparation for an exhibit
 Publication or paper Commercial Distribution Other _____

Describe the purpose of your research and/or the project you are working on:

Please describe the materials you wish to see:

Please use the back of this form to further describe the specific nature of your research. Include names, places, dates etc. to assist staff in locating the information. Collections Access Requests are processed in the order received, as staff time allows. A second appointment may be necessary to allow museum staff to gather the materials that have been requested. Museum hours are Tuesday through Saturday, 12 p.m. to 5 p.m. Appointments may be made at other times.

I understand that my access to the collection must be approved by the Curator or Director, and that access may be limited regarding fragile or otherwise sensitive material. I agree to handle all items in the manner instructed and to observe all security regulations. I agree to appropriately acknowledge, footnote, or credit the museum for any information derived from the collection.

Signature: _____ Date: _____

Museum staff signature: _____ Date: _____

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