

Application for Examination of Archival Materials

Having read and agreed to the *Rules for Use of the Research Room* and the *Access Policy for Archival Materials* at the Gallery Archives, I hereby request permission to examine materials in the Gallery Archives for the following purpose:

Book Article Dissertation Class Project Other _____

Please describe your proposed research:

- I understand that failure to comply with the Rules for Use of the Research Room at the Gallery Archives may result in denial of access.
- I understand that any copies of archival documents provided to me are for my personal study and research use only.
- I agree that I will not distribute any copies, nor will I create additional copies or excerpts from the materials in any medium should I make photographs of them during my examination except for my personal study and research use.
- I understand that permission to examine archival materials is not an authorization to publish.

Please complete the fields below:

Full Name: _____ Title: _____

Institution: _____

Address of Institution: _____

Home Address: _____

Telephone Number: _____ E-Mail Address: _____

Signature: _____ Date: _____

Do you object to having your name made available to others working in the same research area? yes no