

American Museum of Natural History

Library - Special Collections

Request for access to the Archives, Manuscript and Photographic Print Collections

Name: _____ Date: _____

Institutional affiliation: _____

Title / position _____

Permanent address: _____

Local address: _____

Telephone: _____ email: _____

Subject of research / collection to be consulted (include dates if possible):

Purpose of inquiry (thesis, publication, exhibit, etc.). Describe briefly, include title if possible: _____

Please attach brief (approximately one page) project summary to this application and a copy of your curriculum vitae or resume.

Staff use only

Scientific staff notified: _____

Identification (traceable) type and number: _____

Library staff approval: _____

Staff initials _____

**Regulations for use of Special Collections
in the American Museum of Natural History Library**

1. No ink – pencil only.
2. Collection materials may only be consulted in the Special Collections area. Portable computer with battery pack may be used with permission. The use of portable copiers, cameras, and scanners is prohibited.
3. Special Collections materials must be handled with care. Loose materials must be viewed flat in their folders on the table. No marks, erasures, or tracings may be made on any material.
4. For purposes of security, the Library reserves the right to inspect articles brought into the area before the researcher leaves with them. Please note that outerwear, briefcases, and any bag larger than this sheet of paper must be left at the coat rack in the main Reading Room or held by a member of the Special Collections staff. Only pencil and paper may be brought to the table.
5. There is no smoking, eating, drinking, or gum chewing allowed in any part of the Library.
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I agree to abide by all of the above regulations, which I have read, and by any additional restrictions imposed by the donors of certain collections.

Signature

Date

Staff use only

Scientific staff approval (please print your name, sign and date): _____

Library staff approval: _____

Identification (traceable) type and number: _____

Staff initials _____

Dates of subsequent visits: _____