Connecticut Historical Society RESEARCH CENTER REGISTRATION museum & library
Today's Date:
Name: Phone:
Address:
City: Zip:
Email (optional):
Please add me to your email lise. CHS will not share your email with anyone else.
Research Topic:
Bection
Today's Date:
Name: Phone: Phone:
Address:
City: Zip:
Email (optional):
Please add me to your email list. CHS will not share your email with anyone else.
Research Topic: Institutional Affiliation:



## TERMS OF USE

You must sign this agreement to use materials

- I will not remove materials from the Research Center:
- I will not mark, mishandle, or deface materials
- photocopying, digital photography, use of I will comply with all rules regarding equipment, and security.
- of removing ..... • My research materials and personal articles may

- else. Individuals under 18 are exempt from this and I understand that a copy will be kept I will provide a current photo ID upon registering requirement. with my registration form and used nowhere
- staff take my photograph and keep it with my exempt from this requirement. CHS identification only. Individuals under 18 are registration form. Photographs will be used for If I do not have a current photo ID, I will let

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- My research materials and personal articles may be inspected and I may be detained if suspected of removing materials.

I agree to abide by these regulations:

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- exempt from this requirement. registration form. Photographs will be used for staff take my photograph and keep it with my If I do not have a current photo ID, I will let CHS identification only. Individuals under 18 are