

**UNIVERSITY OF PENNSYLVANIA MUSEUM  
ARCHIVES**

**APPLICATION FOR ACCESS**

Name \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Position: Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Graduate Student \_\_\_\_\_ Undergraduate \_\_\_\_\_ Other \_\_\_\_\_

Subject of Research \_\_\_\_\_

Purpose of Research \_\_\_\_\_

Publication Plans (title, publisher, date) \_\_\_\_\_

**CONDITIONS FOR PERMISSION TO USE THE ARCHIVES. PLEASE READ CAREFULLY.**

1. The attendance register must be signed each day on arrival. A staff member must be notified when your visit ends.
2. No documents will be removed from the research room for any reason.
3. No smoking, drinking, or eating is permitted in the research room.
4. Only soft lead pencil (No. 2) may be used in the research room. Laptop computers are allowed, and digital cameras.
5. No documents will be marked, defaced, or mutilated in any way.
6. All documents and photographs must be handled gently and with care. Material must be kept in the order in which it is received, even when there is no apparent order.
7. Documents to be photocopied must not be separated from other items in a container; tabs will be provided. A staff member will arrange for copying at a standard Museum charge.
8. Photographs to be copied will be tabbed; prints can be provided at a standard Museum charge.
9. References to documents in the Archives should cite the author, title, and appropriate reference, and acknowledge "Penn Museum Archives." Such references should be given in all works whether intended for publication or not (e.g., thesis).
10. When publication is intended, an application for rights for any material quoted must be submitted to the Museum Archivist in writing.

**APPLICATION AGREEMENT**

I have read the above conditions for access to the University of Pennsylvania Museum Archives. I agree to observe them and I understand that if I fail to do so, permission for further access may be withdrawn.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MUSEUM PERMISSION**

Curator/Keeper \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

Archives \_\_\_\_\_ Date \_\_\_\_\_

ARCHIVES USE ONLY

RECORDS REQUESTED \_\_\_\_\_