

## ARCHIVES RESEARCH APPLICATION

Name \_\_\_\_\_ Researcher Card No. \_\_\_\_\_

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

Faculty/Staff  Graduate  Undergraduate  Student  Other

Local Address \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

\_\_\_\_\_

Phone (O) \_\_\_\_\_ (H) \_\_\_\_\_ E-mail \_\_\_\_\_

### Collections to be Consulted:

Archives  Oral History  Photo Archives  Film & Video

Topic of Research \_\_\_\_\_

\_\_\_\_\_

### Purpose of Research:

Book/Article  Thesis  Term Paper  School Project/Paper  Media

Legal Investigation  Genealogy  Other (Please explain on reverse.)

*I have read and agree to abide by the United States Holocaust Memorial Museums' ["Rules Governing Conduct of users of the USHMM Archive."](#)*

*"I acknowledge that I am responsible for conforming to all laws applicable to my use of material from the Museum's collections, including the copyright law of the United States (Title 17, United States Code) and the Berne Convention for the Protection of Literary and Artistic Works to the extent incorporated therein, and that I may be liable for copyright infringement if I use this material for a purpose other than private study, scholarship, or research." Before publishing whole or significant parts of collections that are housed in the USHMM, I will first contact the Museum to determine who owns the copyright of the material.*

*If the Museum owns the copyright, I will write a letter to the Museum to ask and receive permission to use the material before publishing it.*

*In the event that it appears to a staff member that your research parallels that of another researcher, do you wish to have your name, address, and research topic forwarded to the other researcher?  Yes  No (Initial)*

*I will provide to the Museum Archives a copy, at no cost, of any work that results from research conducted at the Museum Archives.*

\_\_\_\_\_ (Applicant Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Staff Member Signature) \_\_\_\_\_ (Date)

Photo ID: \_\_\_\_\_

