Researcher Registration Form

Name: ______________________________________________________________

Email: ______________________________________________________________

Telephone: __________________________________________________________

Research Topic: ______________________________________________________

Please indicate your affiliation

☐ Civilian ☐ MCU Student ☐ MCU Faculty/Staff
☐ Active Duty ☐ Veteran

(STAFF USE ONLY: WRITE REQUESTED COLLECTIONS BELOW)

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Rules for Using the Archives Branch Reading Room

- Please complete a Researcher Registration Form. You will be required to produce identification at the Reference Desk before viewing any materials.

- No food or beverages are allowed in the Archives.

- Talking on cell phones is prohibited. No loud conversations.

- Purses, briefcases, backpacks, coats, and other personal belongings are not allowed in the Reading Room. Store all personal items in the lockers.

- Laptops, portable scanners and digital cameras can be used in the Reading Room. Document feed scanners are not allowed.

- Pens are not allowed in the Reading Room. Pencils are provided for taking notes.

- When handling documents, please make sure that your hands are clean.

- No more than one document box should be placed on the table at a time. Only one folder at a time should be removed from a box.

- Items within the folders should be examined one at a time; please keep the items in order.

- Do not use paper clips, Post-It notes, or any other object to mark your place. Laminated bookmarks are available in the Reading Room.

- Never write or trace on archival materials.

- Do not remove items from their clear plastic sleeves.

- Cotton gloves (available in the Reading Room) must be worn when handling photographs.

- Be aware that some items in the collection are too fragile to be copied. Ask staff for guidance.

- Do not use the document feeder on the photocopier.

- When you have completed your research, please inform the staff at the Reference Desk if your materials can be reshelved, or if you need to schedule a follow-up visit.

By signing below, you are agreeing to abide by these rules. We reserve the right to refuse service if these rules are not followed.

Signature: ____________________________________________ Date: __________