

THE CHARLESTON MUSEUM

360 Meeting Street, Charleston, South Carolina 29403-6297 (843)722-2996 FAX 722-1784

Archives Research Application

The application form below must be filled out for each research project and, if applicable, a copy of the finished project or research finding is requested for the museum's files.

General Procedures

- Collections may be viewed only in the Archives and only in the presence of Museum's curatorial staff. The Charleston Museum reserves the right to refuse access to the collections based on condition or staff limitations.
- Stack areas are closed to researchers.
- Eating, drinking, chewing gum and smoking are prohibited.
- Laptops are permitted, but use of other devices (phones, scanners, cameras and tape recorders) must be approved by Archives staff.
- The Museum reserves the right to inspect all research materials and personal articles before a patron leaves the premises

Use and Handling of Materials

- Only one box of material may be used at a time. Remove only one folder at a time, using an "Out Card" to mark its place within the box.
- Use gloves if requested to do so.
- Only pencils are permitted. Pens, highlighters and similar implements are not allowed.
- No marks may be made on any artifact, material or object.
- Handle materials carefully. Mutilation, destruction and theft of materials are subject to prosecution.
- Archival materials must lie flat on the table; do not place items in your lap or hold them up. Do not rest objects on them or take notes on top of materials.

Reproductions

- Permission to reproduce any item, or its likeness, must be secured in writing and may be subject to fees (*see Fee Schedule*). This application only allows photography for research purposes. Print or online publication for public consumption or profit, including social media, must be approved and recorded at the time of research.
- Copies of unpublished materials are for research only, and may not be forwarded to another party, reproduced or deposited in another repository.

Your signature on this form indicates your acceptance and understanding of these procedures and conditions.

Signature

Date

Name: _____ Institutional Affiliation: _____

Address: _____

Phone: _____ Email: _____

Purpose of research: _____

Specific Materials and/or Objects you wish to view:

