

# THE CHARLESTON MUSEUM

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

## Textile Research Application

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

Collections may be viewed/used only on Museum property and only in the presence of Museum's curatorial staff. The Charleston Museum reserves the right to refuse access to the collections based on object condition or staff limitations.

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 in writing by the Museum's Textile Curator.

Each researcher is responsible for safeguarding any objects or materials made available to them and must use conservationally sound practices in handling all collection items. For textiles, this includes the removal of all hand jewelry (with the exception of plain bands) and dangling jewelry, and the wearing of nitrile gloves. Failure to do so will result in a revocation of the privilege to research at this institution. It may also result in financial liability for any damages incurred.

Researchers must adhere to the following guidelines:

- No marks may be made on any artifact, material or object.
- Eating, drinking, chewing gum and smoking are prohibited in all areas of the Museum.
- Removal of objects from boxes, containers or drawers is strictly prohibited unless permission is granted by a Museum curatorial staff member.
- Only pencils are permitted.
- Museum staff may request the researcher use only Museum-provided analysis tools.
- The Museum reserves the right to inspect all research materials and personal articles before a patron leaves the premises.

*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: \_\_\_\_\_

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