

SOUTH CHARLESTON MUSEUM

311 D Street • South Charleston, West Virginia 25526 • TEL (304) 744-9711 • FAX (304) 720-3769

COLLECTION ACCESS REQUEST FORM

Name _____ Object(s) _____

Organization _____

Address _____

What is the purpose of your visit?

Personal research _____ If so, please explain _____

Tour _____ Type and size of group _____

Other _____ If so, please explain _____

Describe the material you wish to see _____

Do you wish to:

_____ consult catalogue cards

_____ consult slide file

_____ draw objects

_____ study objects from storage

_____ other _____

Is study material for:

_____ publication or paper

_____ referring to these objects

_____ other commercial distribution

_____ identification or comparison
with other material

_____ independent research

_____ exhibition

_____ class project

_____ other _____

Dates you wish to visit _____

I agree to exercise all due care in handling any object in the collections, if given permission to do so by Museum staff, and to assume full responsibility for any damage, accidental, or otherwise, I may inflict on any museum property.

Date _____

Signature _____

FOR MUSEUM USE ONLY

Date received _____

Type of access granted:

_____ general tour

_____ removal of material from storage

_____ loan

access approved _____

not approved _____

supervised _____

unsupervised _____

one-time access _____

blanket access _____

Signature _____