

Andrews University Archives
4190 Administration Drive, Berrien Springs, MI 49104
Telephone: (269) 471-3373 Email: archives@andrews.edu

RESEARCHER REGISTRATION FORM

Name _____ Date _____

Title/Profession _____ Email _____

Home address _____

Office address _____

Phone _____ Fax _____

Institutional Affiliation _____

Subject of Research _____

Purpose of Research _____

Plans for Publication _____

If a student, please indicate degree sought and faculty member directing research:

Degree _____ Faculty Advisor _____

CONDITIONS FOR PERMISSION TO USE THE ANDREWS UNIVERSITY ARCHIVES

1. I understand that permission to examine any unpublished manuscript or other record (the "Unpublished Records"), if granted, does not include permission to reproduce, publish or distribute contents of the Unpublished Records or any excerpt thereof at any time, and that a separate written application for permission to reproduce, publish or distribute must be obtained from the Andrews University Archives (the "Archives"). Moreover, the Archives makes no representation that it holds any copyright interest in the Unpublished Records, and that permission to reproduce, publish or distribute may require the express permission of the copyright owner.
2. The Archives reserves the right to restrict access to archives records at its sole discretion.
3. All references to records in the Archives (including references to research papers and dissertations) should cite the collection with its title and call number, if any, and acknowledge "The Andrews University Archives, Berrien Springs, MI"
4. I understand that I am responsible for safeguarding records made available and will not remove records from the collections or rearrange its order. Pencils only may be used. Records should not be leaned on, written on, folded, or handled in any way likely to damage it.
5. I have read, and will abide by, all policies in the Andrews University Archives Access Policy.
6. In consideration of being granted permission to examine records in the Archives, I agree to indemnify and hold harmless the Archives, its officers, employees and agents from and against any damages, liabilities, costs and expenses, including reasonable attorneys' fees actually incurred, arising out of or in connection with my examination of such records.

ACCEPTED AND AGREED: Signature _____ Date _____

ARCHIVIST: Signature _____ Date _____