

UNITED STATES
HOLOCAUST
MEMORIAL
MUSEUM

ARCHIVES RESEARCH APPLICATION

Name _____ Researcher Card No. _____

Institutional Affiliation: _____

___ Faculty/Staff ___ Graduate ___ Undergraduate ___ Student ___ Other

Local Address _____

Permanent Address (if different) _____

Phone (O) _____ (H) _____ E-mail _____

Collections to be Consulted:

___ Archives ___ Oral History ___ Photo Archives ___ Film & Video

Topic of Research _____

Purpose of Research:

___ Book/Article ___ Thesis ___ Term Paper ___ School Project/Paper ___ Media

___ Legal Investigation ___ Genealogy ___ Other (Please explain on reverse.)

I have read and agree to abide by the United States Holocaust Memorial Museums' "Rules Governing Conduct of Visitors to the USHMM Archive." "I acknowledge that I am responsible for conforming to all laws applicable to my use of material from the Museum's collections, including the copyright law of the United States (Title 17, United States Code) and the Berne Convention for the Protection of Literary and Artistic Works to the extent incorporated therein, and that I may be liable for copyright infringement if I use this material for a purpose other than private study, scholarship, or research." Before publishing whole or significant parts of collections that are housed in the USHMM, I will first contact the Museum to determine who owns the copyright of the material. If the Museum owns the copyright, I will write a letter to the Museum to ask and receive permission to use the material before publishing it.

In the event that it appears to a staff member that your research parallels that of another researcher, do you wish to have your name, address, and research topic forwarded to the other researcher?

___ Yes ___ No (Initial)

I will provide to the Museum Archives a copy, at no cost, of any work that results from research conducted at the Museum Archives.

_____ (Applicant Signature) _____ (Date)

_____ (Staff Member Signature) _____ (Date)

Photo ID: _____