

Kentucky Department for Libraries and Archives

Public Records Division
Archival Services Branch

ARCHIVES RESEARCH ROOM REGISTRATION FORM

Many of the materials available for use in the Archives Research Room are unique and irreplaceable. **THEFT OF OR TAMPERING WITH PUBLIC RECORDS IS A FELONY OFFENSE.** To help safeguard these archival materials, please read and follow the rules below.

ITEMS BELOW ARE ALLOWED:

Pencils
Paper/Research notes
Portable computer
Digital Cameras/Camera phones **FLASHES CANNOT BE USED**
Cell phone*

- RING TONE MUST BE TURNED OFF
- CALLS MUST BE TAKEN OUTSIDE RESEARCH ROOM

ITEMS BELOW ARE NOT ALLOWED:

Food, beverages, gum, tobacco products
Briefcase, computer case, bag, backpack
Purse, coat, hat, umbrella
Pens, pocketknives, scissors
Computer discs, CDs, USB/external drives, scanner/personal copier
Books, envelopes, folders, binders

- Microfilm machines are self-service. You may use five rolls of microfilm at any one time. Please return rolls to designated cart - **do not re-file microfilm.**
- **You must pay for all copies made during the day at the counter inside the Research Room before leaving** (machines are not coin operated). If your money is in a locker, please leave the copies with Research Room staff while retrieving money.
- Research Room and Security personnel reserve the right to examine your materials. **DO NOT REMOVE ARCHIVAL RECORDS OR MICROFILM FROM THE RESEARCH ROOM.**
- Research Room staff is available to provide assistance. However, because of the number of customers who need service, the **STAFF CANNOT CONDUCT RESEARCH FOR YOU.**
- Use of records in paper/original format requires agreement to abide by both the Handling Historic Records Policy and Duplication Policy. These policies are posted inside the Research Room.
- Use of Research Room computers requires agreement to abide by KDLA's Internet Use Policy.

RETURN CLIPBOARD, THIS REGISTRATION FORM, AND LOCKER KEY [*if assigned*]
TO THE SECURITY DESK WHEN YOU LEAVE THE RESEARCH ROOM.

I HAVE READ THE ABOVE RULES AND AGREE TO ABIDE BY THEM.

Signature of Researcher

Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Street Address: _____

City

State

Zip

LOCKER #

Driver's License: Number _____ State _____