

Kentucky State Archives
Kentucky Department for Libraries and Archives

ARCHIVES RESEARCH ROOM REGISTRATION FORM

| Allowed | Not Allowed |
|---|---|
| <i>Personal Items and Notes</i> | |
| <ul style="list-style-type: none"> ✓ Pencils ✓ Research Notes or Scratch Paper <i>(must be loose sheets)</i> ✓ Laptop, Tablet, Cell Phone, Camera <i>(bags must be stored in locker)</i> | <ul style="list-style-type: none"> ✗ Food, Beverages, Gum, or Tobacco Products ✗ Envelopes, Notebooks, Notepads, Binders, Folders ✗ USB/external drives, CDs, discs ✗ Any writing implement other than a pencil |
| <i>Clothing and Personal Effects</i> | |
| <ul style="list-style-type: none"> ✓ Indoor attire only ✓ Wallets or small purse <i>(must fit into a pocket)</i> | <ul style="list-style-type: none"> ✗ Outerwear <i>(coats, jackets, hoodies, hats)</i> ✗ Containers of any kind <i>(purses, briefcases, handbags, backpacks, bags, etc)</i> |

Policies and Procedures

MICROFILM: Equipment is self-service. You may use five rolls of microfilm at any one time. Return rolls to designated cart when finished. Do not refile microfilm.

ORIGINALS: Use of records in paper or their original format requires agreement to abide by both the Handling Historic Records Policy and Duplication Policy. These policies are posted and available in the Research Room.

COPIES: All copies made during your visit must be paid for inside the Research Room before your departure.

COMPUTERS: Use of Research Room computers requires agreement to abide by KDLA's Internet Use Policy.

RESEARCH ROOM STAFF: Staff are available to provide assistance with locating and accessing records. Please ask a staff member about submitting a research request.

ETIQUETTE: Be courteous of your fellow patrons and to staff. Keep cell phones silenced and take any calls in the lobby.

Tampering with public records is a Class D Felony (KRS 519.060), subject to prosecution.

This includes marking, concealing, mutilating, stealing, or removing records from public custody.

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

Signature of Researcher

Date

PLEASE PRINT THE INFORMATION BELOW:

Name: _____

Phone: _____ **Zip Code:** _____

For Security Use Only:

ID # _____

Locker _____

**Please return CLIPBOARD, REGISTRATION FORM, and LOCKER KEY
to Security Desk when you leave the Research Room.**