

**DIOCESE OF COVINGTON ARCHIVES
RESEARCH AGREEMENT**

Researcher Identification

Name _____

Institution _____

___ Faculty ___ Graduate ___ Undergraduate ___ Other

Address _____

Telephone Number _____ E-mail _____

What topic are you researching _____

What is the purpose of your research _____

Do you intend to publish your work _____

Research Policies

I. General Regulations:

1. The researcher must complete the identification portion, then read the policies and sign this Research Agreement. Proof of identification and affiliation with the institution claimed above should be presented to the Archivist.
2. No smoking, eating or drinking is permitted anywhere in the Archives.
3. The researcher will use only pencil or laptop; no ink pens are allowed.
4. The researcher will set up only in the research room and leave bags, briefcases, cell phones, etc, in the keeping of the Archivist until research is completed.
5. Only the Archivist will retrieve requested materials from the file rooms.
6. When going through folders, the researcher will maintain the existing order of all documents. If any documents appear to have been misfiled, it should be brought to the attention of the Archivist. Nothing is to be removed from any files under any circumstances.
7. The researcher will be careful not to fold, tear, or make stray marks upon any papers in any files, nor remove staples, paperclips, etc.

II. Photocopying regulations:

1. Entire collections may not be photocopied
2. All copies will be made by the Archivist at a charge of \$.10 per copy.
3. Copies of archived documents remain the property of the Diocese of Covington and are only for the temporary use of the researcher who signed the agreement. The Diocese of Covington does not permit copies of its documents to be transferred to other parties or institutions. The copies are to be destroyed by the researcher when no longer needed for completion of the written work for which the Research Agreement was signed.
4. Non-accessible files cannot be researched or copied without the written consent of the Vicar General for Administration or the Chancellor of the Diocese of Covington. Permission, if granted, will be obtained by the Archivist.

By signing this Research Agreement, I agree to abide by all of the stipulations as stated within. I acknowledge that all documents and photocopies that I use for the purpose of my research are the property of the Diocese of Covington. I agree to provide proper citation for any such documents used as a source in any written work I produce. (The proper citation will be: Archives, Diocese of Covington). Reproduction of any printed material or photograph in any work to be published requires written permission from a representative of the Diocese of Covington. I accept full responsibility for obtaining any copyright permission that might be required under law for any reproductions. I further agree to provide the Diocese of Covington Archives with a copy of my completed written work.

Signature: _____ Date: _____