

# Detroit Conference United Methodist Archives



Shipman Library  
Adrian College  
110 S. Madison St.  
Adrian, MI 49221



(517) 265-5161 ext. 4429 / dcumcarchives@adrian.edu

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## Policy on the Use of Records

1. One box will be issued to a researcher at a time, from which they may pull one folder at a time. The researcher will mark the position of the folder in the box with a placeholder. When they are finished using that box, they may present it to the archives staff in exchange for another box.
2. When work is completed, or when they are leaving the room, the researcher will return the box to the archives staff.
3. Manuscripts may not be marked or otherwise altered or defaced.
4. Only pencils may be used when taking notes. If you do not have pencils, you may request them from the archives staff.
5. All manuscripts and volumes are to be placed flat on the table. They are not to be held in the lap or propped against the edge of the table.
6. Only one folder of loose papers may be opened at one time to avoid mixing.
7. Papers are not to be rearranged under any circumstances. If a researcher thinks something is out of order, he/she should bring it to the attention of the Archivist.
8. Smoking, eating, and drinking are not permitted.
9. The researcher is responsible for compliance with all copyright regulations.
10. Anyone who violates these regulations may lose access privileges to the archives and/or may be subject to prosecution.

**I agree to abide by these regulations.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

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## Researcher Registration Form

Name (please print) \_\_\_\_\_

Permanent Address

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Institutional Affiliation (if any)

\_\_\_\_\_  
\_\_\_\_\_

Position or Title \_\_\_\_\_

Brief description of your research project

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read, understand, and express my intention to comply with the regulations governing the use of the holdings of the Archives of the Detroit Annual Conference of the United Methodist Church as set forth in the Policy of the Use of Records.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

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