Collections & Archives

Internal Archive Request Form

Please complete this form when requesting access to specific archival records/materials.

Purpose of Request:

- ☐ Personal use
- ☐ Publication/Promotion
- ☐ Research
- ☐ Class Materials
- ☐ Other _____

Name:

Contact Info:

Office:

Phone (Ext.):

Date:

Materials Requested:

ID (*Leave blank if unknown*):

_____

_____

Description of materials: _____

_____

_____

_____

_____

Affiliation:

- ☐ TMC Student | ID: _____
- ☐ TMC Staff | ID: _____
- ☐ Researcher

Access time requested:

Not applicable if requesting copies.

_____/_____/_____ **through** _____/_____/_____
Start Date *End Date*

_____: _____ A.M. / P.M. **to** _____: _____ A.M. / P.M.
Start Time *End Time*

COPIES:

Number of **physical** copies requested: _____

Email or Fax to receive **digital** copy: _____

Continue →

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Archive Guideline / Agreement

1. All research using TMCCA material must comply with and present approval from:
    a. Tribal Nations Research Group (TNRG)
    b. Turtle Mountain College Research Committee
2. Under **no circumstances** may original TMCCA Archive Material:
    a. Be removed from the grounds of the TMC Campus.
    b. Be exposed to extreme conditions, including in direct sunlight, under flash photography, or in any uncontrolled environment without proper storage.
3. Under **no circumstances** may original **OR** copies of TMCCA Archive Material:
    a. Be used for **ANY** commercial / for-profit purposes.
4. With specified guidance / supervision / approval, a requestor may:
    a. Handle original materials with the utmost care, including wearing approved gloves.
    b. View / watch / listen to archive materials using equipment provided by TMCCA, TMC Library, or other TMC Dept.
5. Any promotion, publication, or educational materials produced using TMCCA materials must be properly credited:
    a. Example: "**Name of materials** provided by Turtle Mountain College Collections & Archives."

By signing below, you affirm that the information you provided is true to the best of your knowledge, and that you understand and agree to all of the applicable stipulations listed above.

_____ _____

Requestor Signature *Date*

_____ _____

Curator Signature *Date*