

# JOAN MITCHELL FOUNDATION

Archives: 545 West 25<sup>th</sup> Street, 15<sup>th</sup> floor, New York, NY 10001 Telephone (212) 524-0100

## READER REGISTRATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Title /  
Profession \_\_\_\_\_ Email \_\_\_\_\_

Home  
Address \_\_\_\_\_

Office  
Address \_\_\_\_\_

Phone  
Number \_\_\_\_\_ Fax  
number \_\_\_\_\_

Institutional  
Affiliation \_\_\_\_\_

Subject of  
Research \_\_\_\_\_

Purpose of  
Research \_\_\_\_\_

Plans for  
Publication \_\_\_\_\_

If a student, please indicate degree sought and faculty member directing research:

Degree \_\_\_\_\_ Faculty  
Advisor \_\_\_\_\_

## CONDITIONS FOR PERMISSION TO USE THE JOAN MITCHELL FOUNDATION ARCHIVES

1. I understand that permission to examine any unpublished manuscript or other record (the "Unpublished Records"), if granted, does not include permission to reproduce, publish or distribute contents of the Unpublished Records or any excerpt thereof at any time, and that a separate written application for permission to reproduce, publish, or distribute must be obtained from the Joan Mitchell Foundation (the "Foundation"), owner of the Joan Mitchell Foundation Archives. Moreover, the Foundation makes no representation that it holds copyright interest in the Unpublished Records, and permission to reproduce, publish, or distribute may require the express permission of the copyright owner.
2. The Foundation reserves the right to restrict access to archives records at its sole discretion.
3. All references to records in the Archives should cite the collection with its title and call number, if any, and acknowledge "The Joan Mitchell Foundation Archives, New York, NY."

4. I understand that I am responsible for safeguarding records made available and will not remove records from the collections or rearrange its order. Pencils only may be used. Records should not be leaned on, written on, folded, or handled in any way likely to cause damage.
5. I have read, and will abide by, all policies in the Joan Mitchell Foundation Archives Access Policy.
6. In consideration of being granted permission to examine records in the Archives, I agree to indemnify and hold harmless the Foundation, its officers, employees and agents from and against any damages, liabilities, costs and expenses, including reasonable attorneys' fees actually incurred, arising out of or in connection with my examination of such records.

ACCEPTED AND AGREED:

Signature \_\_\_\_\_ Date \_\_\_\_\_

ARCHIVIST:

Signature \_\_\_\_\_ Date \_\_\_\_\_