



Research Request Form

CONTACT INFORMATION

Date of Request: _____

Name of Researcher: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

REQUEST

Date(s) Requested to Conduct Research:

Purpose of Research/ Subject of Request:

I am looking for (Please check all that apply):

1. Photographs 2. General Information 3. A Specific object or document

Is there a specific question you are looking to have answered?

Access Granted: YES NO

Signature of Researcher

Signature of Museum Manager & Curator

RESEARCH AND REPRODUCTION POLICY

Fee Structure

Research Labour: \$25/hour

Photocopying/ scanning: \$0.25/ page

Reproduction costs are subject to change without notice and do not include permission for use. The applicant shall comply with the Copyright Act with respect to the reproduction and use of the images, records, and documents from the Frontenac County Schools Museum collection.

It is the sole responsibility of the applicant to determine the copyright holder and to obtain permission to copy and/or publish. If the research is used in any form for an exhibition or publication, the Frontenac County Schools Museum should be acknowledged as follows: "Courtesy of the Frontenac County Schools Museum."

I, _____, agree to pay the above fees if applicable, and during the research period at the Museum to abide by the instructions of the Frontenac County Schools Museum.

Signature of Researcher

Date

INTERNAL USE ONLY

Time Spent:

Applicable Charges:

Payment Method:

Payment Date:

Notes: