

Collection Access Request Application

ADDISON

Phillips Academy, Andover, MA 01810
Curatorial Department
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jmcdonough@andover.edu

Date: _____
Name _____
Position _____
Institution/Affiliation _____
Address _____
Phone _____ **email** _____

Name of instructor or supervisor _____
Dates you wish to visit _____

What is the purpose of the visit?

Personal research _____ explain _____
Other _____ explain _____

Describe materials you wish to see _____

Do you wish to (check applicable)

_____ consult artist file _____ view material from storage
_____ photograph objects _____ other (explain) _____
_____ draw objects _____

Is study of material for (check applicable)

_____ publication or paper referring to these objects _____ independent research
_____ other commercial distribution _____ exhibition
_____ identification or comparison with other material _____ class project
_____ other (explain) _____

***I understand that my access to the collection must be approved by the curatorial department, and that access may be limited regarding fragile or otherwise sensitive material. I agree to handle all items in the manner instructed and to observe all security regulations. I assume full responsibility for any damage, accidental, or otherwise, I may inflict on any museum property. I agree to appropriately acknowledge, footnote, or credit the Addison Gallery of American Art, Phillips Academy for any information derived from the collection.**

Date _____ Signature _____

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FOR MUSEUM USE ONLY

Date Received _____
Access approved _____
Access denied _____

Type of access granted
_____ supervised
_____ one time access
_____ blanket access
_____ artist file
_____ removal of material from storage
_____ copy to prep.

AGAA signature