



Art Museum
 University of Toronto
 —
 Justina M. Barnicke Gallery
 University of Toronto Art Centre

 Hart House Circle
 7 Toronto, Ontario M5S 3H3
 artmuseum.utoronto.ca

COLLECTIONS ACCESS REGISTRATION FORM

B^VseWLa_ b^VWWSUZ XWWS` V dMgd fa 3df? geWg_ 5a^Wf[a` e? S` SYWd : WsfZWB[YSf Sf
 ZWsfZWB[YSf2 gfach` faZLS adXsj fa &#(Z) #Z" ' +ž

- Name:
- Date:
- Title/Profession:
- Email:
- Home Address:
- Office Address:
- Phone Number:
- Fax:
- Institutional Affiliation:
- 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 ACCESS COLLECTIONS UNDER THE ART MUSEUM’S CARE

1. I understand that permission to examine any object from the Malcove Collection, the University College Collection, the University of Toronto Art Collection, and the Hart House Collection, if granted, does not include permission to reproduce, publish or distribute contents or photographs.
2. Reproductions of materials, when permitted, may be used for private research and reference purposes only, and may not be used for publication, exhibition, or commercial use. No further copies may be produced or distributed.
3. Researchers will not use the information in the collections for any purpose other than the stated research purpose (unless they have the Art Museum’s written authorization to do so).
4. The Art Museum reserves the right to restrict access to the collections at its sole discretion.
5. Reproduction of materials may be refused in cases of donor restriction, the physical condition of the material, or copyright law violation. Researchers assume full responsibility for any infringement of copyright, and for obtaining appropriate rights for reproduction, publication, or any use other than research or private study.
6. I understand that I am responsible for safeguarding art objects made available. Pencils only may be used. Art objects should not be handled in any way likely to cause damage.
7. In consideration of being granted permission to examine the collections, I agree to indemnify and hold harmless the Art Museum, 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 art objects.



Accepted and Agreed:

Signature:

Name (Please print):

Date:

Collections Manager Signature:

Date:

COLLECTIONS ACCESS APPOINTMENT REQUEST

Please attach additional collections appointment request for each separate project. (If number of projects exceeds 3 please attach additional page.)

Institutional Affiliation:

Purpose of Research:

Number of Projects:

Plans for Publication:

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

Degree:

Faculty Advisor:

Requested Date of Appointment:

FOR INTERNAL USE ONLY

Confirmed Date of Appointment:

Collections Manager Signature:

COLLECTIONS ACCESS APPOINTMENT REQUEST

Institutional Affiliation:

Purpose of Research:

Number of Projects:

Plans for Publication:

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

Degree:

Faculty Advisor:

Requested Date of Appointment:

FOR INTERNAL USE ONLY

Confirmed Date of Appointment:

Collections Manager Signature:

COLLECTIONS ACCESS APPOINTMENT REQUEST

Institutional Affiliation:

Purpose of Research:

Number of Projects:

Plans for Publication:

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

Degree:

Faculty Advisor:

Requested Date of Appointment:

FOR INTERNAL USE ONLY

Confirmed Date of Appointment:

Collections Manager Signature: