



Lycoming Archives Research Agreement

Contact Information

* First Name: _____ * Last Name: _____
* Address: _____ * Country: _____
* City: _____ * State: _____ * Zip: _____
* Email: _____ * Phone #: _____

Research Information

Brief description of project:

Request Date: _____ Completion Date: _____

Do you plan to publish?: _____

Do you agree to acknowledge Lycoming
College Archives and seek appropriate permission?: _____

Permission to reproduce materials does not constitute permission to publish. Factors such as copyright, donor restrictions, and physical condition may affect request for copies. Some published works, unpublished manuscripts, graphics, and recordings cannot be reproduced without written permission of the copyright holder.

While staff will make every effort to conduct a thorough search, Lycoming College cannot guarantee information can be located. Your application will be reviewed by the appropriate College Administrators.

I will abide by the archival procedures and etiquette of the Lycoming College Archives as directed by the Archival staff.

Please print, sign and turn this form to Sean Baker.

Signature: _____