Registration for Rare Book Reading Room Account



YOUR INFORMATION

Name:		
Current Address:		
City:	State/Prov.:	ZIP/Postal code:
- Email:	Phone:	
Alternative email or contact information	tion, if available:	
Please be sure to bring a valid photo	ID.	
YOUR VISIT		
Please indicate the reason for your vi	isit:	

For any item of which the library has high-resolution digital copies, we strongly encourage researchers to use the digital version. If you still need to see the original item, please indicate your specific need:

To use Special Collections materials at The Library of The Jewish Theological Seminary, I agree:

- To use only pencil while working with Special Collections materials.
- That I will not eat or drink in the Reading Room.
- To review only one manuscript, book, or box of archives at one time. except with specific permission of library staff. Each item must be returned to its place before viewing another
- For archival materials, I will remove only one folder at a time. The folder must be returned to its place before removing another.
- If an item is extremely fragile, I will request assistance from library staff and follow any specified instructions regarding handling.
- If I need to leave the Reading Room, I will alert the library staff.
- When I complete my work, I will alert the library staff.
- To view the handling presentation before I handle any materials.

Note:

- If an item has been digitized, patrons may not photograph the item. If a high resolution (TIFF) image is needed, we will provide the user with images.
- Digital photos of items that are not already digitally available are permitted at the discretion of the library staff. Before taking photos, visitors must seek permission from the library staff. There is a limit of up to 50 pages for archival materials and up to 10% for manuscripts and printed books.

I acknowledge that all materials, including notes and personal belongings brought into the reading room, may be checked by library staff before I leave the Reading Room.

I understand that failure to comply with these rules may result in my being asked to leave the Reading Room.

Your name:

Date: