South Dakota Oral History Center

Terms of Use Agreement

I,	[researcher/user], unde	erstand that use of and access to certain materials may be
Libraries at The University of South Dakot restrict the use of unprocessed materials, some materials may require ultimate app reserves the right to restrict how I may ult the University Libraries at the University	a. The University Libraries books, photographs, and droval of the Director of the imately use the information of South Dakota. I understater: For Research Purposes	nter policies/procedures/regulations on behalf of the University and the South Dakota Oral History Center reserves the right to ocuments which are unique and/or exceptionally fragile. Use of a University Libraries and the South Dakota Oral History Center in held within the South Dakota Oral History Center, on behalf of tand that to use some materials I may be required to sign and Only Form. I further understand that if I am to duplicate items I licate form.
	Publish Form. I also under	kota Oral History Center collections, I must complete the <i>South</i> stand that any South Dakota Oral History Center materials that citation:
		btained through the archives of the South Dakota Oral History of South Dakota, Vermillion, SD. [Collection Name and Tape
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For Cash Library Materials: <u>Materials</u> . <u>Center</u> , on behalf of the University		obtained through the archives of the South Dakota Oral History of South Dakota, Vermillion, SD.
Demographic Form. If I am to utilize info	rmation in an additional p n to use these materials aga	n of the project described under the <i>Researcher Information</i> roject, I must contact the South Dakota Oral History Center to ain is granted at the discretion of the South Dakota Oral History to additional fees.
	address any specific ques	understand the contents, meaning, and impact of this user tions regarding this agreement prior to signing, and I agree that cceptance of the terms of this agreement.
I understand this agreement, and intend it	to be a binding instrument	t.
Researcher/User's Signature	Date	Printed Name of Researcher/User
SDOHC Employee's Signature	Date	
		Researcher/User's Address
Materials Requested: [To be filled in by SDOHC	Employee]	Researcher/User's Telephone Number
		Researcher/User's Email Address