South Dakota Oral History Center

Terms of Use Agreement

I, _____ [researcher/user], understand that use of and access to certain materials may be restricted by donor agreement or the South Dakota Oral History Center policies/procedures/regulations on behalf of the University Libraries at The University of South Dakota. The University Libraries and the South Dakota Oral History Center reserves the right to restrict the use of unprocessed materials, books, photographs, and documents which are unique and/or exceptionally fragile. Use of some materials may require ultimate approval of the Director of the University Libraries and the South Dakota Oral History Center reserves the right to restrict how I may ultimately use the information held within the South Dakota Oral History Center, on behalf of the University Libraries at the University of South Dakota. I understand that to use some materials I may be required to sign and uphold the *South Dakota Oral History Center: For Research Purposes Only* Form. I further understand that if I am to duplicate items I must fill out the *South Dakota Oral History Center: Permission to Duplicate* form.

I understand that if I am to publish any materials from the South Dakota Oral History Center collections, I must complete the *South Dakota Oral History Center: Permission to Publish Form*. I also understand that any South Dakota Oral History Center materials that are subsequently used in published works *must* include the following citation:

> **For Recordings and Recording Materials**: *Research data obtained through the archives of the South Dakota Oral History Center, on behalf of the University Libraries at University of South Dakota, Vermillion, SD. [Collection Name and Tape Number.]*
>
> **For Photographs**: *Photograph obtained through the archives of the South Dakota Oral History Center, on behalf of the University Libraries at University of South Dakota, Vermillion, SD. [Collection Name and Photo Number.]*
>
> **For Cash Library Materials:** *Materials Citation. Information obtained through the archives of the South Dakota Oral History Center, on behalf of the University Libraries at the University of South Dakota, Vermillion, SD.*

I understand that all terms of the agreement cease upon completion of the project described under the *Researcher Information -- Demographic Form*. If I am to utilize information in an additional project, I must contact the South Dakota Oral History Center to receive additional permissions. Permission to use these materials again is granted at the discretion of the South Dakota Oral History Center, on the behalf of the University Libraries, and may be subject to additional fees.

I have read this user agreement before signing below, and fully understand the contents, meaning, and impact of this user agreement. I understand that I am free to address any specific questions regarding this agreement prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this agreement.

I understand this agreement, and intend it to be a binding instrument.

_____ _____

Researcher/User's Signature Date Printed Name of Researcher/User

_____ _____

SDOHC Employee's Signature Date

_____

Researcher/User's Address

_____

Researcher/User's Telephone Number

_____

Researcher/User's Email Address

Materials Requested: [To be filled in by SDOHC Employee]