

NORMAN ROCKWELL MUSEUM

NORMAN ROCKWELL MUSEUM REFERENCE CENTER Application for access

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PO Box 308
Stockbridge, MA 01262

T 413.298.4100
F 413.298.4145

www.nrm.org

*A non-profit
educational
museum*

Date/s of Visit: _____

Name: _____

Institutional Affiliation: _____

Position: _____
Faculty/staff Undergraduate
Graduate Student Other (please specify)

Permanent Address: _____

Phone #: _____

Fax #: _____

Email address: _____

Local address and phone #: _____

Please give name and contact information of at least one personal or professional
reference: _____

RESEARCH SUBJECT/PROJECT:

NORMAN ROCKWELL MUSEUM

COLLECTIONS TO BE CONSULTED:

PURPOSE OF RESEARCH:

Publication_____

Thesis, dissertation or
coursework_____

Professor_____

Other (please
specify)_____

Please indicate where you learned about the Reference Center:

I have read the NORMAN ROCKWELL MUSEUM ARCHIVAL
COLLECTIONS ACCESS POLICY and agree to follow the procedures outlined
within. I understand that failure to comply with these rules may result in denial of
access to the collections:

Signature:_____

Date:_____

For staff use only:

MATERIAL PULLED:

NORMAN ROCKWELL MUSEUM

PHOTOCOPIES
ASSISTANCE:
(\$.25 per page or \$.50 per page for
digital scans):

of copies _____

Fee: _____

RESEARCH:
(\$50.00 per hour)

of hours _____

Fee: _____

Staff contact: _____