Policies / Registration and Confidentiality Agreement

Researchers must meet the qualifications stated in the Kinsey Institute's Collections Use Policy in order to use the library and special collections. Use of certain materials may be restricted by donors or confidentiality and privacy requirements. To protect the collections, the Institute also reserves the right to restrict the use of uncatalogued, rare, or fragile materials.

1. Users must have current registration and confidentiality agreement form, as well as any other required documentation, on file with User Services. Valid photo identification is required. Users must be at least 18 years of age. Users may be asked to make an appointment to use archival materials and/or art, artifacts, photography, and audio-visual materials.
2. Coats, backpacks, purses, and other personal items must be placed in lockers in the reading room or in other area designated by staff. Laptop computers are permitted.
3. Food and beverage are not permitted.
4. Materials do not circulate and must be used in KI Library reading room.
5. Requests for materials should be printed legibly with call number, author, and title and/or printed from catalog.
6. Materials should be handled with care and notes should be taken in pencil. Users may be asked to wear gloves when viewing rare or fragile materials.
7. Photographing and scanning are subject to staff approval and copyright restrictions. Scans and study prints are solely for private study and research. The user may not transfer, further reproduce or publish digital images without permission. See the Photographing and Scanning Policy for more details.
8. Permission to examine materials is not authorization to publish. Separate written application to publish must be made. See the Publication and Reproduction Rights Policy for more details.
9. The Kinsey Institute does not assume any responsibility for infringement of copyrights held by others.
10. Users are asked to complete research activities promptly at 12pm and 4pm. Please notify staff if you need materials held; otherwise, they will be shelved.

The Undersigned agrees:

1. to preserve as confidential the identity of any donor (source) from whom the Institute has received materials.
2. to use no confidential Institute materials to support or deny any aspect of a person’s sexual interests, behaviors, or preferences (even if such information is available through other, non-Institute sources).
3. not to violate restrictions specified by a donor.
4. to make no disclosure of information that would be an invasion of the privacy of living individuals.
5. to abide by restrictions placed on original documents, to maintain documents in the order in which they were received, and to use facsimiles, which may be redacted, only for research purposes.
6. that in using unprocessed collections, which do not have finding aids, the user assumes the risk of not viewing all materials related to the user’s research topic; and that the user should notify staff if he/she encounters sensitive information about an individual that should be removed from an unprocessed file due to legal considerations or donor specifications.
7. that access to materials may be denied anyone who has a claim against the Institute or Indiana University or anyone whose demonstrated carelessness or irresponsibility in handling materials and/or following Institute policies poses a threat to the integrity of the Institute’s holdings.
8. to hold harmless and to indemnify the Institute and its employees for any loss or damage to them occasioned by the release of the informational content of these materials.
9. that when computerized scientific archival data are given, the data are copyrighted and may not be given to anyone else; that the data may not be altered or corrupted in any way; that the data may not be misrepresented in any way; that in any publications resulting from reanalysis of data, the analysis must indicate that the data were obtained from the Institute; and must name and/or acknowledge the original investigator(s).

Revised December 2017
Registration and Confidentiality Agreement Form

Name: ____________________________________________________________________________________

Last         First    Middle

Address: __________________________________________________________________________________

__________________________________________________________________________________________

Phone: ___________________________ Email: ______________________________________________________

Affiliation

_____ Faculty     _____ Staff     _____ Graduate Student     _____ Undergraduate     _____ Other:________

_____ Indiana University__________________________________

Department     Campus

_____ Other______________________________________________

Institution or Organization     Location

Purpose of Research

_____ Class Assignment   Course _______________ Dept. _______________ Professor/A.I.__________________

_____ Thesis/Dissertation   Title _____________________________________ Professor/Advisor _______________

_____ For Publication   Title and Publisher___________________________________________________________

_____ Other:    __________________________________________________________________________________

Subject of Research _____________________________________________________________________________

I have read the regulations and confidentiality requirements for use of the collections and agree to comply.
I agree to apply for permission to duplicate, photograph, or otherwise use materials from the collections in exhibits,
displays, presentations, and publications.

Date_______________ Signature__________________________________________________________________

Staff Use Only

User Group:__________________________________________________________________________

_____ IU Faculty  

_____ IUB Student  

_____ Faculty/Reference Letter  

_____ CV/Resume  

_____ Other: ______________________

Collections Access:________________________

_____ Library  

_____ Archives  

_____ Film/Video  

_____ Art/Artifacts/Photo

Fees:____ No _____ Yes  

ID Type_______________

Amount _______________  

Fees Expire__________

Registered by____________________

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