

San Bernardino County Museum

2024 Orange Tree Lane, Redlands CA 92374

909-798-8608 • fax 909-307-0539 • www.sbcounty.gov/museum



Collections Access

San Bernardino County Museum collections are held in public trust and use of the collections is encouraged. Please read the procedures and conditions and sign to acknowledge your compliance, and fill out the “Request for Access to Collections” form. Return to the Museum Registrar, attn: Collections Access by mail at the address above, by fax, or by email at museum@sbcounty.gov (use Collections Access in the subject line). We will contact you when this information is received to discuss timelines for processing your request.

Public admittance to collections that are not in public viewing areas is provided by appointment and is generally restricted to patrons for the purpose of research or examination. Access may be limited by policy, space and staff availability, care and security of the collections, or restrictions imposed by Federal agencies for objects from public lands.

1. Applicant will follow guidelines as outlined by authorized staff. No food or drink is allowed in research or storage areas. All briefcases and bags must be left outside collections storage areas. Extreme care must be used in handling any objects.
2. The San Bernardino County Museum reserves the right to request a reference from researchers and requests that a copy of the final report, publication, product, or any auxiliary materials created by users/researchers be filed with the department within a reasonable period of time.
3. Fees may apply for photocopying, scanning, and other activities as specified on the San Bernardino County Fee Schedule. Go to <http://cms.sbcounty.gov/cob/FeeSchedule.aspx> for more information.
4. By submitting this request, applicant acknowledges that use, copy, or provision of any collections documentation or images to any other person or entity may be prohibited by intellectual property laws, rights of privacy, or repository agreements unless user has received all necessary consents and permits.
5. Reproduction of collections material is governed by the San Bernardino County Museum’s Collections Management Policy.
6. Access to data in locality files is subject to approval and will be restricted to authorized agencies and designees. Any data so obtained will be treated as confidential by the user and will not be disseminated except to designated agencies.
7. Access to anthropological collections by representatives from Native American tribes is available on request and is subject to the same conditions as research access.

I have read the above and I understand and agree to abide by these regulations. I assume full responsibility for any damage, accidental or otherwise, that I may cause to any material held by the San Bernardino County Museum.

_____ Name

_____ Signature

_____ Date

REQUEST FOR ACCESS TO SAN BERNARDINO COUNTY MUSEUM COLLECTIONS

Name/s _____ Date: _____

Institution and Title: _____

Address: _____

City/State/Zip _____

Phone: _____ Email: _____

I request access to collections in anthropology history and archives geology/paleontology biology

Describe as specifically as possible the object/s you wish to see. Include catalog numbers and provenance, if known (attach page if necessary).

Type of access requested (check all that apply; * indicates additional form required)

Examine specimens/artifacts/archives Photography* Sampling/scientific testing*

Other _____

For the following purposes:

Publication Academic research Individual research

Identification/comparison Exhibit or other loan

Other: _____

Describe your research project as completely as possible (attach page if necessary)

Preferred date and time you wish to access: _____ (appointment hours are 9 a.m. to 4 p.m. Tuesday—Friday)

Professional references or academic advisor/project supervisor _____

***** Internal Use Only *****

Date received _____ Contacted _____

Notes/special conditions:

Approved by: _____ Appointment date: _____ Appointment time: _____

Other forms necessary: Photo Request Scientific Testing Loan Request

Staff assisting: _____ Staff time required: _____