



## Research Request Form

The Charleston Library Society (CLS) is happy to assist you with your research topic and search through our collections. Please keep in mind that we are only able to search the materials held by CLS and even an exhaustive search may not uncover the information you are seeking. While we cannot guarantee results, we will make every effort to help you by documenting all sources consulted during our research. Research requests can take four to six weeks to process. An expedited service may be available. Please contact Research staff for details. Payment must be submitted with your request (details are below). Requests submitted without payment will be returned unfulfilled.

In the spaces below please indicate any specific sources (secondary sources, manuscript collections, military or parish records, etc.) you wish to be consulted, the information you are interested in finding, the full name of the individual to be searched, and all relevant dates and locations. Please print legibly.

Information to be searched:

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Please select sources to be checked:

- Subject Vertical Files and Ready Reference  
 Manuscript Collections  
 Relevant county or district publications : \_\_\_\_\_  
 Military records for a specific war : \_\_\_\_\_  
 Parish records : \_\_\_\_\_  
 Charleston City Directories : (identify approx. time period) \_\_\_\_\_  
 Other, please specify : (Check for potential sources on our catalog at [www.charlestonlibrarysociety.org](http://www.charlestonlibrarysociety.org). From the homepage, click on “Collections,” then “Explore the Catalog.”)

Call no.	Title/Author	Publication Date

Fees for CLS research services include up to 10 photocopies, a summary of results, and are as follows:

- \$20/hr for members and non-members  
(Members receive one hour of free research)
- Shipping and handling will apply to mailed photocopies
- \$0.25 per page for photocopies exceeding the 10 included

Submit payment for the minimum amount of time you would like staff to spend on your request. We will contact you if additional time and/or photocopies are needed with the estimate total cost. A minimum of one hour will be charged for each request. Fees are nonrefundable; search results are not guaranteed.

I authorize a researcher to spend \_\_\_\_\_ hours(s) on this request.

Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Method of Payment:

Check \_\_\_\_\_  
Credit Card \_\_\_\_\_ Circle one: Visa/MasterCard/AmEx/Discover  
Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Security Code \_\_\_\_\_  
Name as appears on Card \_\_\_\_\_  
Signature (for credit card authorization)  
\_\_\_\_\_

Make checks payable to Charleston Library Society. Mail check and credit card information to the following:

Charleston Library Society  
Attn: Research Services  
164 King Street  
Charleston, SC 29401

You may also call with your credit card information at (843) 723-9912.

By signing below, I agree to all aforementioned terms and conditions for research services conducted by the Charleston Library Society.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

For Internal Use Only:

Staff initials (processing request):  
Date payment received/processed:

Date Request Received: