REQUEST FOR ACCESS TO ARCHAEOLOGICAL COLLECTIONS
(Please complete and return to the Curator of Archaeological Research Collections)

Name(s): ______________________________ Title: ___________________ Date: __________________

Institutional Affiliation(s): _________________________________________________________________

Email: ______________________________________ Phone Number (optional): ______________________

Describe the collections you wish to examine:
_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Type of access requested (check all that apply):

_____ Examine artifacts
_____ draw specimens
_____ Have Museum photograph specimens

_____ Other: ____________________________________________________________________________

Examination of collections is for following purpose (check all that apply):

_____ Publication of these specimens
_____ Independent research
_____ Class project

_____ Identification/comparison
_____ Exhibit or other loan
_____ General interest/tour

_____ Other: ____________________________________________________________________________

Describe your research project as completely as possible:
_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Date(s) you wish access: ___________________________ Estimated time required: ___________

Professional references or instructor/project supervisor: _____________________________________________

This form is a public document and as such is subject to inspection of public record inquiries.

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FOR COLLECTIONS USE ONLY
Date Received: ___________________________ Approved by: ______________________

Type of access granted (check all that apply):

_____ accompanied by curator/collections staff

_____ removal of specimens from off-site storage

_____ one-time access

_____ illustration

_____ long-term access

_____ general tour

_____ no access granted

_____ photos taken for patron

Other forms requested: __________ Photo Request __________ Request for Scientific Testing

Notes/Special Conditions: __________________________________________________________________

Staff Assisting: ___________________________________________ Staff Time Required: __________