



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.

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: _____