

Museum of Indian Arts and Culture ■ Laboratory of Anthropology



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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 _____ Photograph/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 _____ photography/illustration
_____ long-term access _____ general tour
_____ no access granted

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

Notes/Special Conditions: _____

Staff Assisting: _____ Staff Time Required: _____