

# Museum of Indian Arts and Culture ■ Laboratory of Anthropology



P.O. Box 2087 Santa Fe, New Mexico 87504-2087 ■ 505-476-1250 FAX 505-476-1330 ■ www.IndianArtsandCulture.org

## 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:

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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:

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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      \_\_\_\_\_ 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: \_\_\_\_\_