

# 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: \_\_\_\_\_

Title, Institution, and Address, Phone Number: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_