COLLECTIONS ACCESS REQUEST FORM

Please note: a minimum of three weeks advance notice is required for access to any collection. Requests to access a large number of artifacts require additional notice.

Date __________________

Name/Organization___________________________________________________________________________

Address/Telephone/email______________________________________________________________

__________________________________________________________________________________________

Reason for Access:

- Publication
- Loan Request
- Academic Research
- Identification/Comparison
- Commercial Venture
- Other

Explanation________________________________________________________________________________

Access Requested: Study Stored Objects ______ Photograph Objects __________

Draw Objects ______ Other __________

Dates Available for Your Visit:______________________________________________________________

Additional Dates Available:

(Please add additional dates in case your original dates are not available)

I agree to exercise due care in handling any object(s) in the Kelsey Museum of Archaeology collections and to assume full responsibility for any damage, accidental or otherwise, that may result from my use of collections material. Before working with collections, I will be shown the proper procedures for handling artifacts. No work will be conducted on the Kelsey collections without prior approval from the Kelsey Collections Staff. I understand that approval to study the collections does not give me any rights to publish or use photographs of the collections, and that a separate request must be made in order to publish or use photographs from the collection. I also understand the Kelsey Museum has the final approval regarding when and how Kelsey collections, archives, and photographs will be used.

I agree to abide by all Museum policies and rules.

Requestor’s Signature __________________________________________       Date _____________________

For Staff Use Only

Date Received ______ Type of Access Granted __________________________

Access Approved ______ Not Approved _________

Conditions________________________________________________________________________________

Collections Staff Signature ___________________________       Date _____________________
I am requesting access to the following artifacts, archives, or photographs:
(please be specific - continue on additional sheets if necessary)