

Request for Collections Access

Name _____ Institution Representing _____

Address _____

Cell Phone _____

Local Phone _____

Email _____

Title of project _____

Project summary _____

Granting or funding source _____

Requested appointment dates _____

List of objects or documents requested for study _____

Do you have any additional information not included above? _____

AUTHORIZATION (For Internal Administration Only)

Authorized by/Title: _____ Date: _____

Conditions of Access:

Restricted to processing labs

Allowed supervised access to collections areas

Total time spent: _____