



Research Request Form

Name: _____ Date of Request: _____

Address: _____

Organization: _____ Position: _____

Phone: _____

Email: _____

Reason for Access:

___ Personal Research

___ Publication

___ Exhibit Preparation

___ Academic Research

___ Commercial Distribution

___ Other: _____

Explanation: _____

Materials Requested: _____

Preferred Date(s) for Visit: _____

Do you plan to reproduce (photograph, illustrate, replicate, and/or publish) any material(s) you are requesting for study? _____

Please use the back of this form to further describe the specific nature of your research, materials requested, and reproductions, if necessary.

I understand that access to the collection must be approved by the Collections Manager, and that access may be withheld from fragile or sensitive material(s). I agree to handle material(s) as instructed and to abide by security regulations. I understand that approval of the collections does not give me the rights to publish or use photographs of the collections without permission of the Museum. I agree to abide by all Museum policies and rules.

Signature: _____ Date: _____

Museum Staff Signature: _____ Date: _____

