

LRHC Research Request Form

Date of Request: _____

Researcher's name: _____

Researcher's title: _____

Home Address: _____

Email: _____

Work Phone: _____

Home Phone: _____

Institutional Affiliation:

Reason for Request: (check and provide description of all applicable)

_____ Publication or paper referring to collections:

_____ Independent research:

_____ Student research:

_____ Exhibition:

_____ Other:

Desired date(s) of on-site research:

Describe the material you wish to see:

I agree to handle all items in the manner instructed to observe all security regulation. I assume full responsibility for any damage, accidental or otherwise, I may inflict on museum property. I agree to properly acknowledge the Museum of Culture and Environment for any information derived from the collection. I agree to send a copy of any paper or publication which contains information derived from the collection to the Museum of Culture and Environment.

Signature: _____ Date: _____

For internal use only:

Access Approved By: _____

Visit Date: _____ Visit Time: _____

Access Denied By: _____

Reason: _____