RESEARCH REQUEST FORM

(Please type or print legibly)

1. Name (Last, First):

2. Home Address:

3. Telephone:

4. E-Mail:

5. Institutional Address:

6. Position Held:

7. Dates of desired visit. Alternate dates must be given.

8. Specify the collections you want to examine. Note whether archaeological or ethnological, provenience, quantity of material, catalog numbers, references to publications illustration or describing the material, or any other information that would be helpful in identifying the objects.
9. Nature of the project. Please supply a description of the projects, and the manner of examination you deem necessary.

10. Institution sponsoring your project.

11. Plans for publishing the results of this study. Two copies of any resulting publication must be sent to the Museum in care of the Curator. (Failure to send copies may be grounds for refusal of access to the collection in the future).

12. Applicant's publication concerning the project.

13. Have you made use of Buechel Memorial Lakota Museum's collections before? Which collections? What dates?

15. Are you a Native American, and if so, what is your tribal affiliation? (This question is completely voluntary; however, this information is very valuable to us, as we are currently considering ways to make our collections more accessible to Native peoples).

I certify that the information given above is correct, and I agree to abide by the rules governing access to collection of the Buechel Memorial Lakota Museum.

Date_________________ Signature ________________________________