

**University of Montana**  
**Anthropological Curation Facility**  
Department of Anthropology, Missoula, Montana 59812  
(406)243-5525

**REQUEST FOR ACCESS TO COLLECTIONS**

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Title, Institution & Address: \_\_\_\_\_

Describe as explicitly as possible the collections you wish to see (include Accession #, Site #, Site Name, & Artifact # if possible): \_\_\_\_\_

**Access to Federally and State owned collections must receive prior approval from the appropriate Agency**  
(see staff for more information)

Type of access requested (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Examine specimens in storage           | <input type="checkbox"/> Photograph/draw specimens yourself |
| <input type="checkbox"/> Have specimens removed from storage    | <input type="checkbox"/> General tour                       |
| <input type="checkbox"/> Have specimens photographed by UMACF * | <input type="checkbox"/> Access to records only             |
| <input type="checkbox"/> Have specimens drawn by UMACF *        | <input type="checkbox"/> Other: _____                       |

Examination of collections is for following purpose (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Publication of these specimens and/or records** | <input type="checkbox"/> Independent research      |
| <input type="checkbox"/> Class project                                   | <input type="checkbox"/> Identification/comparison |
| <input type="checkbox"/> Exhibit   | <input type="checkbox"/> General interest          |

Describe as explicitly as possible the project on which you are working (attach an additional sheet if needed): \_\_\_\_\_

Date(s) you wish access: \_\_\_\_\_ Time required: \_\_\_\_\_

Professional references or instructor/project supervisor: \_\_\_\_\_

\*Fees are assessed for these services on a case by case basis.

\*\* There may be possible restrictions on publication of materials from UMACF - restrictions will be outlined in writing at the time of or prior to access

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**FOR COLLECTIONS STAFF USE ONLY**

Date received: \_\_\_\_\_ Approved by: \_\_\_\_\_

Approved by Federal/State Agency Representative : \_\_\_\_\_

Type of access granted (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> accompanied by UMACF Staff   | <input type="checkbox"/> removal of specimens from storage |
| <input type="checkbox"/> unaccompanied by UMACF Staff | <input type="checkbox"/> photography/illustration          |
| <input type="checkbox"/> one-time access              | <input type="checkbox"/> general tour                      |
| <input type="checkbox"/> continuing access            | <input type="checkbox"/> no access granted - why? _____    |

Ref: Photo request \_\_\_\_\_ Research request \_\_\_\_\_ Sampling request \_\_\_\_\_ Exhibit request \_\_\_\_\_ Publication Request \_\_\_\_\_

Notes/Special Conditions: \_\_\_\_\_

UMACF Staff assigned \_\_\_\_\_ Staff time required: \_\_\_\_\_