



## REQUEST FOR ACCESS TO COLLECTIONS

*In order to access any items in the Museum's collection a request must be submitted a minimum of two weeks prior to the visit date. The applicant will be notified within one week whether their request has been approved. Access to culturally sensitive NAGPRA materials such as human remains and funerary objects is restricted. Please review the Access to Collections policy available on the Museum's website.*

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Preferred contact method (check one):

E-mail\_\_\_ Work Phone\_\_\_ Home Phone\_\_\_

Institutional affiliation and title:

\_\_\_\_\_

Title of research project:

\_\_\_\_\_

Purpose of research:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Collections/materials requested for study – be as specific as possible (types of objects, time periods, groupings, archaeological sites, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Contact GCHM in order to find out more about the types of materials available.*

\_\_\_\_\_

Proposed date of visit \_\_\_\_\_  
Alternate date(s) \_\_\_\_\_

How are materials to be used (measurement, photography, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If photography, fill out REQUEST TO PHOTOGRAPH COLLECTION ITEMS*

Estimated time required:  
\_\_\_\_\_

How many persons will work with you?  
\_\_\_\_\_

I agree to abide by the guidelines and restrictions provided by Gregg County Historical Museum staff members.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR GCHM USE ONLY**

___ Access granted	Reasons/comments
___ Access denied	_____
	_____
	_____
	_____
	_____