

Research Request Form

REQUESTOR INFORMATION				Request No.
Name:				
Organization:				
Address:				
City:		State:	Zip:	Country:
Telephone:		Email:	Fax:	

COLLECTIONS OR ARCHIVAL MATERIAL REQUESTED
General research topic:
Specific items from the collection (provide an accession or catalog number and brief description):

INTENDED USE
Please describe intended use - include title, venue(s), author/publisher/producer, date(s), and manner of distribution if applicable.

PROPOSED DATE OF RESEARCH VISIT

Research of collections and archival material must be approved by museum staff prior to the research visit.

Approved by:	Date:
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