



**REQUEST FOR COLLECTIONS ACCESS**  
 STATE HISTORICAL SOCIETY OF NORTH DAKOTA  
 ARCHAEOLOGY AND HISTORIC PRESERVATION  
 SFN 60066 (11-2011)

Name of Individual Requesting Access			Date of Request
Address			Telephone Number
City	State	Zip Code	Email Address
Institutional /Organizational Affiliation			Academic Advisor (if applicable)
Type of Access Requested (check one) On-site <input type="radio"/> Temporary Loan <input type="radio"/>			Dates of Intended Visit (or Loan Duration)
Site Numbers for Collections to be Analyzed			
Specific Objects Requested (attach additional sheets if necessary)			
Additional Documentation/Records Requested			

Brief Summary of Research Project/Question (attach additional sheets if necessary)

Methods of analysis/treatment proposed

Will this method result in the destruction of the object or any portion of the object? (if yes, please explain)

Equipment needed

- Microscope       Other (please specify)  
 Digital scale

Additional Remarks or Requests

The requestor agrees to abide by State Historical Society of North Dakota Archaeology and Historic Preservation Division's archaeological collections policy (July 2011) and any special conditions outlined by the Archaeological Collections Manager and/or the Division Director.

Signature

Date

Archaeological Collections Manager Approval

Date

Division Director Approval

Date