



University of Oregon Museum of Natural and Cultural History
Oregon State Museum of Anthropology
RESEARCH REQUEST FORM

Date: _____

SUBMITTER INFORMATION

Name/Title: _____

Affiliation: _____

Address: _____

City/State/ZIP: _____

Email: _____ Phone: _____

Academic Advisor (for student researchers) _____

ACCESS PROPOSAL

Types of Research: Ethnographic ☐ Archaeological ☐ Zoological ☐ Geological

Research Subject (one line): _____

Method: Non-destructive ☐ Destructive ☐

Type of Analysis: _____

Collection of Interest: _____

Culture or Region: _____

Tribes Consulted: _____

Material Type: _____

If Archaeological:

Site numbers(s): _____

Locality/localities: _____

RESEARCHER NEEDS

Duration of Onsite Research: _____

Anticipated Scheduling: _____

Deadlines (if any): _____

Loans Required: _____



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MNCH USE ONLY

Date Request Received: _____ Research Request No. _____

Collections Ownership: Federal ☐ State ☐

Researcher referred to agency? Y ☐ N ☐ Specify: _____

Proposal referred to Responsible Research and Shared Stewardship Committee: Y ☐ N ☐

Date: _____

Approved: Y ☐ N ☐

Research visit(s), date(s): _____

Loan(s) Y ☐ N ☐ date(s): _____

Research completed, date: _____

Documents Attached (check where applicable):

Proposal ☐

Report ☐

Communications ☐

Comments