



# Idaho Museum of Natural History

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## REQUEST FOR COLLECTIONS USE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PROFESSIONAL AFFILIATION (if applicable):

Institution (name and city): \_\_\_\_\_

Position: \_\_\_\_\_

Major Advisor (students only): \_\_\_\_\_

Major Advisor Contact Info: \_\_\_\_\_

\*A statement of support from the Major Advisor must be submitted with all student access requests.

### ACCESS REQUESTED TO COLLECTIONS (Objects and/or documentation) from (please check appropriate Division):

Anthropology    Earth Sciences    Life Sciences    Museum Archives    Idaho Virtualization Laboratory  
Earl H. Swanson Archaeological Repository    John A. White Paleontological Repository

Is the project funded by a Grant or Contract?    Yes    No    If yes, name of funding agency: \_\_\_\_\_

PURPOSE (include collection(s) to be accessed, if known): \_\_\_\_\_

### PROPOSED ACCESS DATE:

This form is to be used as a request only. If the request is approved, additional forms may be required. Please allow two weeks for processing. The completed form can be mailed to the address provided above, or emailed to [imnh@isu.edu](mailto:imnh@isu.edu). Any publications or products resulting from access to collections must provide ownership credit to the Idaho Museum of Natural History and the appropriate federal agency, if applicable. One digital, or two archival, hard copies of any publications or products must be provided to IMNH upon completion of the project.

### FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

DATE: \_\_\_\_\_

FEES ASSIGNED: \_\_\_\_\_