WILLIAM S. WEBB MUSEUM OF ANTHROPOLOGY

University of Kentucky, 1020A Export Street, Lexington, KY 40506
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COLLECTIONS ACCESS REQUEST

FOR MUSEUM USE ONLY:

REFERENCE #:_____
DATE RECEIVED _____

___APPROVED
___DENIED
REASON:
___REQUESTEE NOTIFIED

DATE & INITIALS _____

REQUESTEE
Name:
Address:
Telephone:
Email:

AFFILIATION & STATUS
Name:
Address:
Status:
☐ Student*
Name of supervisor:
☐ Faculty/Staff
☐ Other:

**Non-University of Kentucky Students must include a letter from their project supervisor/thesis chair. Please attach the name(s) and qualifications of any additional people who may be accompanying you on your visit.*

COLLECTION(S) ** include site number(s) when applicable.*

☐ Artifacts ☐ Documents ☐ Photos ☐ Other:

ACC # (s):

Fed. Agency:
NAGPRA Component: Y/N

PURPOSE
☐ Research/Data Collection*
☐ Loan
☐ On site
☐ Other:
☐ Visual Examination/Condition Assessment

**Research proposal required. Please submit with this form.*

PHOTOGRAPHY
☐ Yes, I wish to create new photographic images
☐ No new images will be created

Credit line: From the Collection of the William S. Webb Museum of Anthropology, University of Kentucky

PROPOSED DATE(S)