



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. 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: _____