Georgia Museum of Natural History
UNIVERSITY OF GEORGIA

Collections Access Form

Thank you for your interest in the Georgia Museum of Natural History's collections. We aim to facilitate and support researching through our collections. This form determines whether a full researcher's agreement or additional steps will be required for access to the collections. A completed form should be sent to the relevant personnel.

Requestor Information

Researcher: _____

Institution: _____

Address: _____

Email: _____ Phone: _____

Advisor (if student researcher): _____ Email: _____

Advisor Signature of Support: _____

Project Overview

Collections Manager/Curator: _____

Collection(s): _____

Desired Date(s) for Access: _____

Purpose and scientific merit of the proposed research:

Specimens being requested (be as specific as possible, longer lists should be attached). Please include the taxon and taxonomic name(s) requested, the geographic region and/or specific locality of material desired:

Any other information that you feel is pertinent to this request: