

# Research Application for Museum Collections and Historic Documents

## John Day Fossil Beds National Monument

Name \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Address \_\_\_\_\_

Date you wish to visit \_\_\_\_\_

(An alternate date might be necessary due to staffing limitations.)

Have you previously conducted research in the Park's museum collection? Yes \_\_\_\_\_ No \_\_\_\_\_

Research topic and materials you wish to see:

\_\_\_\_\_  
\_\_\_\_\_

### Indicate which activities you wish to do

Consult catalog cards                       Consult archeological records

View objects in storage                       Study objects in storage

Draw objects                                       Consult historic documents

Other \_\_\_\_\_

### Purpose of your research

Book     Article

Lecture/conference paper                       Term paper

Thesis     Dissertation

Exhibit     Project

Identify/compare with other material

Other commercial use or distribution \_\_\_\_\_

Other \_\_\_\_\_

I have read the Museum Collection Access Policy (Scope of Collections Appendix II) and the guidelines detailed below, and agree to abide by these and all rules and regulations of John Day Fossil Beds National Monument. I agree to exercise all due care in handling any object in the museum collection and assume full responsibility for any damage, accidental or otherwise, which I might inflict upon any museum property. Violation of National Park Service rules and regulations may forfeit research privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return to:

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