



SUBMITTER INFORMATION

Name/Title: _____
Affiliation: _____
Address: _____
City/State/ZIP: _____
Email: _____ Phone: _____

PROJECT INFORMATION

Project Name: _____

Description: _____

Location: _____

Site name(s) and number(s), if applicable: _____

Legal description(s): _____
Land owner/agency: _____
Archaeological permit no., if applicable: _____

Collections, including artifacts and associated documentation, will be submitted in accordance with Museum of Natural and Cultural History curation guidelines and fees. It is understood that collections from federal lands remain the property of the U.S. government

Approved by: _____ Date: _____
Title: _____



University of Oregon Museum of Natural and Cultural History
Oregon State Museum of Anthropology
CURATION AGREEMENT REQUEST

Comments: _____
