



Forensic Anthropology Center  
ANTHROPOLOGY RESEARCH FACILITY RESEARCH REQUEST FORM



Name \_\_\_\_\_

Department/Institution \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

e-mail: \_\_\_\_\_ Telephone \_\_\_\_\_

Student:  Yes\*  No

\*If yes, please provide the name of your advisor and your status (e.g. Ph.D. candidate, undergraduate).  
A signed letter from the advisor must accompany this application. See the Protocol for Research  
Requests. \_\_\_\_\_

**Proposed Dates for Study:**

**What is your proposed sample size and composition?**

**What is the research question and scientific merit of the proposed research? (add pages as necessary)**



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**Provide a synopsis of the examination procedures (methods) to be followed. You may also attach a research or grant proposal as an attachment. (add pages as necessary)**

**Does your research require electricity or other infrastructure? If so, explain.**

By signing below you agree to the following:

1. Provide the Forensic Anthropology Center with a copy of the data collected.
2. Provide the Forensic Anthropology Center with a copy of all results, including theses, dissertations, manuscripts and publications.
3. Provide the Forensic Anthropology Center with a copy of any photographs taken.
4. I have read the attached Guidelines for Collection Research
5. No social media postings or unapproved photography within the Facility or of donor materials.

I have received the Hepatitis B vaccine \_\_\_\_\_(initials)

I have had a tetanus booster in the past 10 years \_\_\_\_\_(initials)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date