



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)



**Forensic Anthropology Center
ANTHROPOLOGY RESEARCH FACILITY RESEARCH REQUEST FORM**



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