

**REQUEST FOR ACCESS TO RECORDS and/or COLLECTIONS  
MAINTAINED BY THE ARKANSAS ARCHEOLOGICAL SURVEY**

Purpose of Project: \_\_\_\_\_ CRM Project \_\_\_\_\_ Research \_\_\_\_\_ Educational  
AHPP Tracking Number \_\_\_\_\_

\_\_\_Yes/No\_\_\_ Agencies that have jurisdiction over project area (i.e. U. S. Forest Service, BLM, National Park Service) have been notified regarding this project

Agency \_\_\_\_\_ Contact at Agency \_\_\_\_\_

\_\_\_\_\_N/A for this project

**I. Basic Agreement**

By Signature of this Request I agree to:

A. Abide by the stipulations of the Procedures for Utilization of Records on Deposit with the Arkansas Archeological Survey (hereinafter referred to as "Procedures");

B. Abide by the RPA (Register of Professional Archeologists) Code of Ethics and Standards of Research Performance (Appendix A in the State Plan for the Conservation of Archeological Resources in Arkansas);

C. Accept full responsibility for all actions of my designated authorized representatives with respect to the Procedures;

D. Maintain the confidentiality of all private persons and sources of information contained in any records I use (see Section III (E) of Procedures);

E. Deposit two copies of all records and two hard copies of any final report, each accompanied by a digital copy of the report on a CD or DVD (Either Word or PDF format acceptable);

F. Agree to destroy, in a secure manner, as described in the Procedures, all information obtained from the Registrar's Office, or return the data to the Survey Registrar's Office at the completion of this project;

G. I understand that violation of any portion of this request may result in future denial of access to records maintained by the AAS.

**II. Archeologist/Qualified Researcher (check one below)**

A. \_\_\_\_\_ I am a member of or have been certified by RPA, or meet the Secretary of Interior's Standards

B. \_\_\_\_\_ I am the Principal Investigator for a Cultural Resource Management project or proposal designated below in Section III.

C. \_\_\_\_\_ I request that I be granted access to the files for use in a specific research project designated in Section III.

**III. Research/Project Name** \_\_\_\_\_

A. If you checked (C) above in Section II and are not a member of RPA, have not been certified by RPA, do not meet the Secretary of Interior Guidelines. And/or are conducting research not covered under (B) in Section II, indicate below the purpose of your research. If you are a student, give the name of the archeologist who will supervise you on this project.

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

B. Estimated date of project completion \_\_\_\_\_

**IV. Authorized Representative**

A. the following individual(s) is (are) to act as my representative(s) as defined in the Procedures for the purpose of access to records for this project. I have reviewed these obligations with my authorized representative(s). I am responsible for the conduct of those named below:

\_\_\_\_\_  
Name of Representative 1

\_\_\_\_\_  
Name of Representative 2

V. Access to Records

A. I (or my authorized representative) wish access to the following:

1. Site files \_\_\_\_\_ and/or collections\_\*\*\_\_\_\_\_ for the following sites or geographic areas:

Site Name and/or Number\_\_\_\_\_

Counties\_\_\_\_\_

Township, Range, Sections or Quads\_\_\_\_\_

2. Field Notes: \_\_\_\_\_ not available on line\_\_\_\_\_

3. Photographs: \_\_\_\_\_ not available on line\_\_\_\_\_

4. Other types of records: \_\_\_\_\_ not available on line\_\_\_\_\_

B. I (or my authorized representative) wish:

1. \_\_\_\_\_ direct or **on-line** access on or subsequent to this date: \_\_\_\_\_

Name:_____	Phone Number:_____
Institution:_____	Email:_____
Address:_____	
_____	
Signature:_____	Date_____

I have read and accept the terms for use of the archaeological records as they are described in the  
**PROCEDURES FOR UTILIZATION OF RECORDS ON DEPOSIT WITH THE  
ARKANSAS ARCHEOLOGICAL SURVEY.**

\_\_\_\_\_ Accept above terms

\_\_\_\_\_ Decline above terms

Reviewed and approved:

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

Direct or On-Line Access approved

From \_\_\_\_\_ to \_\_\_\_\_

\*\*Please attach a list of collections or description of artifacts requested to this form.