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.