# Kentucky Office of State Archaeology

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***Fill out one form for each project that requires a records review.***

***Incomplete forms will not be processed.***

## Part 1: Project Information

**Date (mm/dd/yyyy):**

**Project Description:**

**Firm/Institution:**

**Name:**

**Telephone:**

**Email Address:**

## Part 2: Location Information

Provide the latitude and longitude of the center point of your project, the name of the USGS Quad(s) where your project is located, and attach a map depicting your project area and size.

**Latitude:**

**Longitude:**

**USGS Quad(s):**

**Part 3: Confidentiality Agreement**

The undersigned acknowledges receipt of Office of State Archaeology (OSA) confidential site information for the Project identified in Part 1, and is aware of the confidential nature of the information being provided, and takes complete responsibility for this information to avoid unauthorized use or duplication. Confidential Information obtained from the OSA is to be used only for the project identified above, and any other use of the information is a violation of the Non-Disclosure of Confidential Information.

Confidential Information. The term “Confidential Information” shall mean any and all information, data, and maps, technical or non-technical, written or printed or photocopied or stored electronically or on magnetic media provided by or obtained from the Office of State Archaeology.

Non-Disclosure of Confidential Information. The individual designated below, with her/his principal place of business designated in Part 1, together with its affiliates (a) shall use reasonable care and discretion to prevent disclosure, publication, or dissemination of the OSA Confidential Information that has been provided to such party; and (b) shall not use, reproduce, distribute, disclose, or otherwise disseminate the Confidential Information that has been provided to such, except (i) to evaluate and perform the Project and (ii) as required to be disclosed by a government agency or by operation of law.

**I have read and agree to the Non-Disclosure of Confidential Information.**

**Name:**

**Title:**

OSA Use Only

Report prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment Made

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_