WILLIAM S. WEBB MUSEUM OF ANTHROPOLOGY

University of Kentucky, 1020A Export Street, Lexington, KY 40506
859-257-1944 • fax: 859-323-1968

INTENT TO CURATE

Curation at the William S. Webb Museum of Anthropology is requested for the following collection:

PROJECT NAME _____ **DATES** _____

LOCATION _____

SITE NUMBERS (if known) _____

SCOPE OF WORK _____

_____

PRINCIPAL INVESTIGATOR _____

PHONE_____ **EMAIL**_____

AGENCY/CONTRACTOR _____

ESTIMATED SPECIMAN TYPE & COUNT _____

The undersigned acknowledges that he/she had read and agrees to comply with the *Standards for the Preparation of Archaeological Specimens and Documents for Curation at the Webb Museum.*

_____

Name/Title **Signature** **Date**

The William S. Webb Museum of Anthropology, University of Kentucky, agrees to serve as repository for the collections recovered during the project listed on this form. Final accession into the Museum is contingent upon compliance with the *Standards for the Preparation of Archaeological Specimens and Documents for Curation at the Webb Museum.*

_____

Name/Title **Signature** **Date**