

Buechel Memorial Lakota Museum

350 South Oak St.
P.O. Box 499
St. Francis So. Dak. 57572

museum@gwtc.net

RESEARCH REQUEST FORM

(Please type or print legibly)

1. Name (Last, First):

2. Home Address:

3. Telephone:

4. E-Mail:

5. Institutional Address:

6. Position Held:

7. Dates of desired visit. Alternate dates must be given.

8. Specify the collections you want to examine. Note whether archaeological or ethnological, provenience, quantity of material, catalog numbers, references to publications illustration or describing the material, or any other information that would be helpful in identifying the objects.

15. Are you a Native American, and if so, what is your tribal affiliation? (This question is completely voluntary; however, this information is very valuable to us, as we are currently considering ways to make our collections more accessible to Native peoples).

I certify that the information given above is correct, and I agree to abide by the rules governing access to collection of the Buechel Memorial Lakota Museum.

Date _____ Signature _____