

SÉLIŠ-QĪSPÉ CULTURE COMMITTEE

ARCHIVE RESEARCH REQUEST/PHOTO USE APPLICATION



Name: _____

Date of Request: _____

Contact Info Address: _____

Contact Number(s): _____

Status/Representative of:
(Tribal affiliation, school, institution, business, etc.)

Please write a brief description of your research request, project etc.

Intended use: (check all that apply)

Publication Education Exhibition

Commercial Audio-visual Non-profit

Curriculum Profit Personal

Other (please specify) _____

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Please read the Collections Policy & Process on the next page.

Office Use Only

(SQCC Staff please attach necessary copies & documentation)

Request completed by: _____

Date: _____

Approved By: _____

Date: _____

Special Terms and Conditions and/or restrictions:

Please read thoroughly & sign at the bottom.

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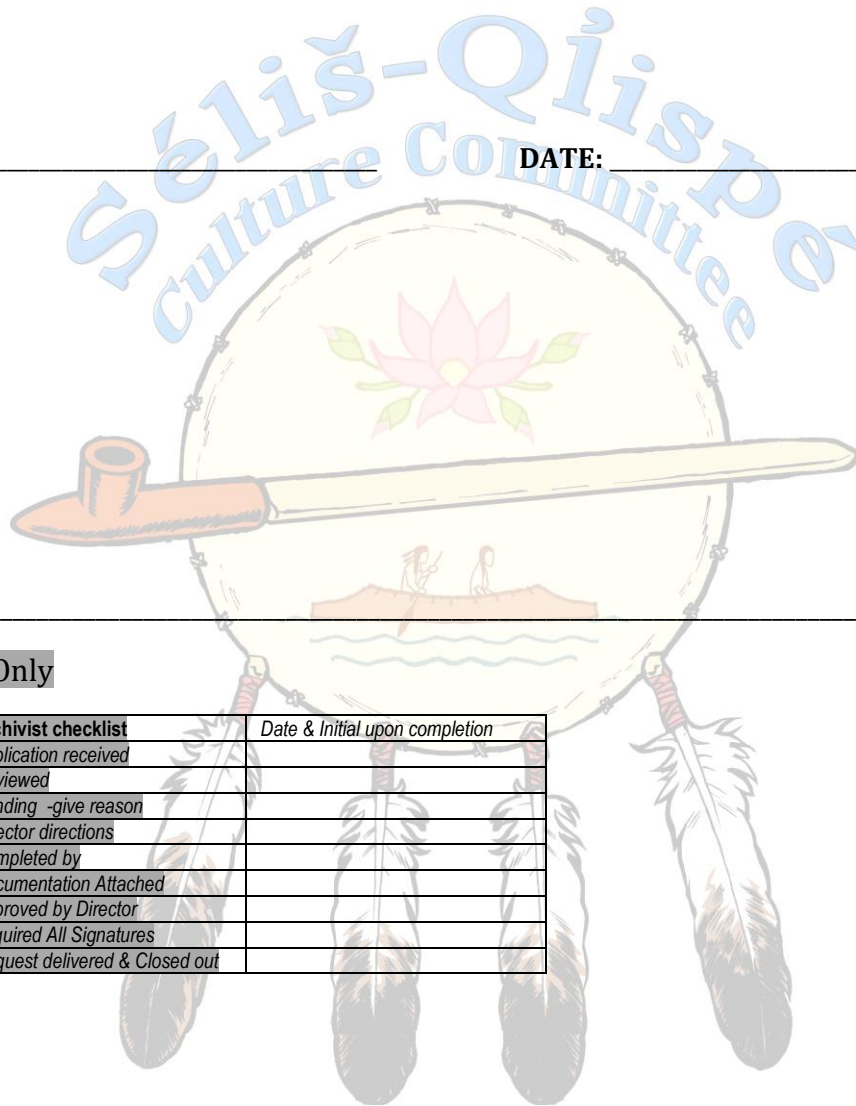
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I HAVE READ, UNDERSTAND & AGREE TO THE SQCC COLLECTIONS POLICY, PROCEDURES, TERMS & CONDITIONS.

SIGNED: _____ **DATE:** _____



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	Archivist checklist	<i>Date & Initial upon completion</i>
	<i>Application received</i>	
	<i>Reviewed</i>	
	<i>Pending -give reason</i>	
	<i>Director directions</i>	
	<i>Completed by</i>	
	<i>Documentation Attached</i>	
	<i>Approved by Director</i>	
	<i>Acquired All Signatures</i>	
	<i>Request delivered & Closed out</i>	

Notes: