

**ARCHAEOLOGY COLLECTIONS
RESEARCH CONSULTATION FORM**

MDAH encourages consultation with our federally recognized Tribal partners. Complete this form when submitting a research request. By signing this form, you agree to provide copies of documentation produced through this research to MDAH.

Researcher: _____

Signature: _____ Date: _____

Agency, Institution, CRM Firm: _____

Email: _____ Phone: _____

Address: _____

Research Title (if available): _____

Site Name(s) or/Collection Name(s): _____

Site Number(s): _____

Additional Notes about Site or Collection: _____

Please provide a brief overview of the anticipated project or add your research proposal to end of this form.

Please list what types of analysis would occur on objects within the collection(s) during the proposed research. If applicable, please detail any destructive analysis including sample context, artifact type, amount needed, and facility that would be used for processing.

Does this collection(s) contain NAGPRA related materials? If yes, please provide details. If unknown, MDAH staff will assist in this determination.

How would this research benefit Native descendant communities with interest in Mississippi?

This section is to be filled out by Tribal representatives or descendant community members only:

Do you approve of the proposed project/research? ___Yes ___No ___ Further information needed

Suggestions, comments, or questions regarding the proposed project/research:

To Be Filled out by MDAH Personnel:

Consultation Complete: ___ Yes ___ No

Request Approved: ___ Yes ___ No