

REQUEST FOR HOUSING/PROVISIONAL HOUSING AGREEMENT

Center for Archaeological Studies
Texas State University
601 University Drive, Trinity 120
San Marcos, Texas 78666
(512) 245-2724 / casuration@txstate.edu



_____ Date

Permanent housing and curation are requested at the Center for Archaeological Studies for the following project:

Project Name & Number: _____

Agency(ies) & Permit #(s): _____ Permit Expiration: _____

Project Sponsor: _____ Landowner/Controller: _____

Principal Investigator(s): _____ Project Area/County(ies): _____

New Site(s) Recorded: _____ Site(s) Revisited: _____

Nature of Investigation: Survey Testing Data Recovery Monitoring Other: _____

Date(s) of Investigation: _____ Projected Date for Submission: _____

Type of Collection: Artifacts & Records Records Only Report Only*

Estimated Space Needs: Inches of Records: _____ Boxes of Artifacts: _____
(Min. 2 inches) (15"x11"x12")

I, the Principal Investigator for this project, understand that CAS curatorial staff can help to estimate space needs if assistance is needed. Also, that CAS will be contacted at least two weeks prior to transferring the documented records and collections to the CAS facility. I further acknowledge that all project records, including all field records, be on archival materials and that collections and records will be properly packaged and labeled as required by CAS (see CAS Curation Guidelines for the Submission of Archaeological Collections and Records) and the Council of Texas Archaeologists (CTA) Guidelines and Standards for Curation.

***Report Only curation submissions must only be for Negative Findings Projects and must meet the requirements of the CTA Guidelines and Standards for Curation.**

CAS's current curation fees are posted on our Curation Services webpage. Curation fees valid at the time the request is approved will be honored. Please contact CAS staff if delay in delivery exceeds the calendar year listed in projected date for submission

Signature of Principal Investigator

Company

Print or Type Name

Address

Title

City, State, Zip Code

Email

Telephone

Secondary Contact/Lab Manager (Name & Email)

Send Invoice To (Name & Email)

For CAS Use Only:

Provisional Housing Approved

CAS Accession #: _____

Provisional Housing Denied

Agreement Valid Until: _____

Signature of CAS Representative

Print or Type Title

Date