

ARCHAEOLOGICAL CURATION FACILITY DEPARTMENT OF ANTHROPOLOGY CALIFORNIA STATE UNIVERSITY, SACRAMENTO 6000 J STREET, SACRAMENTO, CA 95819-6106 (916) 278-5371

Accession Number:	
	(Assigned by ACF)

ACCESSION NUMBER REQUEST FORM

Please use a new request form for each site and each phase in a project¹

Date of Request:		
Projected Date of Collection Release to ACF:		
Requestor Information		
Name:		
Institution/Company:		
Address:		
Phone:	Fax:	
Email:		
Project Information		
Project Name:	Site Trinomial:	
Project Date(s):	Site Name:	
Alt. Site Names and Numbers:		
County:	T/R/Sec:	
Type of Project (survey, testing, data recovery, etc.	.):	
Temporal Period(s) of Site:		
Site Description (e.g., lithic scatter, prehistoric villa	age, etc.):	
Current Landowner/Controller of Site (party respon	nsible for curation of collection):	
Project Funded by:	Permit numbers:	
Other information:		

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¹ Contact the ACF Collections Manager if you are requesting any deviations from this procedure.

Collection Summary		
Anticipated Excavation Volume:		
What types of materials are you expecting to collect (lithic, faunal, botanicals, shell, groundstone, etc.):		
Estimated Number of Oversized Objects:		
Estimated Number of Collection Boxes:		
Any other special considerations:		
Conditions of Request		
recommendation of the ACF Director. The collection of ACF Scope of Collections, the size of the collection, av Collections accessioned must meet ACF <i>Guidelines for</i>	al items subject to NAGPRA will not be accepted. y Sacramento State's ACF Collections Committee upon the is evaluated based on whether the assemblage fits within the railable space, the integrity of the collection, and other factors. The Curation of Archaeological Remains. Collections may be request if the collection does not meet ACF standards. The ot equate to a Curation Agreement.	
Name:		
Name.		
Title:		
*****ACF USE ONLY****		
Curation Request Approved?	□No	
	∐ No	
Approved by:		
Signature:		
Name:		
Accession number assigned by:	Date:	

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