



Deyohahá:ge: Indigenous Knowledge Centre

Materials Request Form



Request No. _____

Date: _____

Name: _____

Please indicate your role in requesting this material:

Elder / Community Member / Teacher / Student / Researcher / Other: _____

Institutional Affiliation: _____

Materials Requested List specific document/book title, item #, etc. or topic. Attach pages as needed.

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Contact Info

Address _____

Town _____

Postal Code _____

Province _____

Country _____

Phone _____

Email _____

Preferred Format (circle): Digital / Hard Copy / Other: _____

Research Area of Interest

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Please describe your research goals AND how this material will be used

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I am willing to share a copy of my findings/report with the IKC (circle): Yes / No

I understand that this material is for my personal research purposes only and cannot be further duplicated without written permission from the appropriate copyright holder of the material. I understand that the responsibility for establishing copyright of these materials rests solely with me. I understand that, if approved, one copy of the material requested will be provided once I have paid the applicable service fee (and delivery charge, if required).

Signature: _____

Date: _____

FOR OFFICE USE ONLY
Status: _____
Signature of IKC Staff: _____ Date Processed: _____