

DOWNLOAD THE FORM, COMPLETE & SAVE IT, THEN EMAIL IT TO HerpLoans@SI.edu

DATE

REQUESTOR **FIRST NAME:**

LAST NAME:

POSITION:

EMAIL:

INSTITUTION:

DEPARTMENT:

SPECIMENS REQUESTED (at minimum include USNM numbers and species names separated by commas.)

Large requests will take longer to fulfill.

VIEWS REQUESTED (e.g., whole body dorsal, head dorsal). Large requests will take longer to fulfill.

PHOTO QUALITY

High (publication quality)

Med (phone camera quality, e.g.)

ADDITIONAL REQUESTS/COMMENTS/INSTRUCTIONS