MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

MCCRACKEN CORE LIBRARY AND RESEARCH CENTER SAMPLE REQUEST FORM

INSTRUCTIONS FOR REQUESTING MCCRACKEN CORE LIBRARY AND RESEARCH CENTER SAMPLES

This form acts as a letter of agreement between the Missouri Geological Survey, a division of the Missouri Department of Natural Resources, and core or cutting sample recipients. The Missouri Geological Survey agrees to allow the undersigned to obtain samples from the cores or cuttings listed below. In return, the undersigned agrees to follow all requirements outlined in the McCracken Core Library and Research Center Sample Request Policy and Procedures, available online at dnr.mo.gov/pubs/pub2496.pdf.

PART 1 – APPLICANT CONTACT INFORMATION

I _____ (Print Name) have read the Missouri Geological Survey's McCracken Core Library and Research Center Policy and Procedures form (PUB2496 dnr.mo.gov/pubs/pub2496.pdf), and agree to the conditions. I hereby request samples from the McCracken Core Library and Research Center.

REQUESTOR'S NAME (PLEASE PRINT)	IF STUDENT, ADVISOR'S NAME (PLEASE PRINT)	ORGANIZATION (PLEASE PRINT)	
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS		DATE OF REQUEST

PART 2 – SAMPLES REQUESTED

CORE OR CUTTING TO BE SAMPLED	SAMPLE INTERVAL	NOTES

PART 3 – TO BE COMPLETED BY MISSOURI GEOLOGICAL SURVEY STAFF

MISSOURI GEOLOGICAL SURVEY APPROVAL SIGNATURE	DATE AUTHORIZED	SAMPLE DATE	SAMPLE AND ANALYSIS RETURN DATE

SUBMIT THIS FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY
PO BOX 250, ROLLA, MO 65402 PHONE 573-368-2100 FAX 573-368-2481