

140 DISCOVERY LANE CLEMSON, SC 29634 (864) 656-4600

SPECIMEN IDENTIFICATION REQUEST

Your Name:	Date:
Address: _	
Phone: _	Email:
	(please circle preferred contact method)
Number of specir	nens to be identified (please circle; limit of 5): 1, 2, 3, 4, 5
Please provide us	with information about your specimens (i.e., where collected, history, etc):
1.	
2.	
3.	
4.	
5.	

(Please fill out the reverse side also)

AGREEMENT: I, the undersigned, am leaving specimens (rock, mineral, fossil) in the care of The Bob Campbell Geology Museum for the purpose of identification. I do not hold the Bob Campbell Geology Museum or Clemson University liable for damage or loss of specimens awaiting identification. I understand that The Bob Campbell Geology Museum **does not** appraise specimens for any purpose.

Please allow up to 30 days for specimen identification. You will be notified when your specimen(s) have been identified and are ready for pick-up. Because we have limited storage space, specimens not picked up after 30 days following notification for pick-up will become property of the Bob Campbell Geology Museum.

The identification of rocks and minerals is frequently aided by revealing a fresh, non-weathered surface (fossil specimens and artifacts will not be altered in any way). This typically involves chipping or breaking of specimens with a rock hammer, or in some instances, cutting of specimens with a lapidary saw. Please indicate below if, in the interest of getting your specimen identified, you give your permission for your specimen(s) to be chipped, scratched, cut or other altered by geologists at the Bob Campbell Geology Museum.

YES	NO	(please circle your choice)		
Your Si	gnature:_		Date:	
		Internal Use Only	Below This Line	
The Bob identifie	-	ll Geology Museum hereby acknowled	ges the receipt of the specimens to be	
Accepte	ed by:		Date:	

Date:

Identification made by:

1.

2.

3.

4.

5.