Rockefeller Wildlife Refuge Research Request

General Information			
Name:	Da	ate of Request:	
Affiliation (i.e., name of un	iversity, organiza	ation), Department:	
Contact (email):			
Contact (address):			
Major Professor (if applica	ble):		
Research Project Inform	nation & Narrai	tive	
Title of Project:			
the project, the methods th	at will be used (in	ject. This shall include the objectives on the objectives on that may have potential of the project.	f
Are you collaborating on the biologist (check one)?	nis project with a	Rockefeller Wildlife Refuge research No	
If so, what researcher?			
Date to begin project?	Pr	rojected end date?	
Do you anticipate publisha	ble information fr	rom this research?	
Request for Assistance			
transportation to/from field	d sites, lab space, o availability, thes	d assistance from Rockefeller (i.e., overnight stay in dorm). Depending on se requests may or may not be granted.	ì
needs assistance	or	this project is self supporting.	
Describe any assistance nee	eded.		

In accordance with this request:	
as well as providing the location of ong	er personnel of your presence on the property going research (for safety reasons). Please 1-2593) prior to going out in the field and in the field.
2) the researcher will carry a returned while in the field (to present to LDWF	signed copy of this research request form law enforcement on request).
	search request if the methods or project ease provide a new research narrative to go
4) the researcher will provide Rockefel reports, published abstracts, and/or pu	iblications that result from conducting
	THIS INFORMATION TO ROCKEFELLER ENTS MAY BE HELPFUL IN GUIDING N THE PROPERTY.
IS IMPORTANT, AS THESE DOCUM	ENTS MAY BE HELPFUL IN GUIDING
IS IMPORTANT, AS THESE DOCUM. OUR MANAGEMENT DECISIONS OF	Major Professor Signature (if applicable)
IS IMPORTANT, AS THESE DOCUME OUR MANAGEMENT DECISIONS OF Researcher Signature * Please return a scanned signed copy	Major Professor Signature (if applicable)
IS IMPORTANT, AS THESE DOCUME OUR MANAGEMENT DECISIONS OF Researcher Signature * Please return a scanned signed copy or by mail to:	Major Professor Signature (if applicable)
Researcher Signature * Please return a scanned signed copy or by mail to: Will Selman Rockefeller Wildlife Refuge 5476 Grand Chenier Hwy	Major Professor Signature (if applicable)
Researcher Signature * Please return a scanned signed copy or by mail to: Will Selman Rockefeller Wildlife Refuge	ENTS MAY BE HELPFUL IN GUIDING N THE PROPERTY. Major Professor Signature

GRANTED

GRANTED

NOT GRANTED

NOT GRANTED

Researcher Request

Assistance Request

Will Selman, Ph.D. Research Wildlife Biologist & Research Coordinator