Geologic Collections Management System
Sample Check-Out Form

GCMS

Name of Repository _____

The following samples are being lent to the requestor stated below *(use continuation page if necessary).*

Sample Information

Sample Number	Sample Description

Check if continued on next page

Requestor Information

Name _____

Affiliation _____

Mailing Address _____

_____

_____

City _____ State _____ Zip _____

Email Address _____ Phone Number _____

_____ _____

Signature of **Repository Manager** Date

Sample Information *(continued)*

Page ____ ***of*** ____

Sample Number	Sample Description