

FOSSIL/REPLICA LENDING FORM

Palaeontological Research and Education Centre, Mahasarakham University

Full Nam	ne:					
Stude	ent Year: Degree:		Advisor Na	ame:		
	ıctor/ 🗆 Specialist/ 🗖 Oth					
	s of Lending:					
•	rom Date: Month:					
List of Fossil / Replica						
Order	Fossil		Collection No.	Site	Age	Note
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In this	regard, I will return fos	sil back to	collection offic	er on time. <u>If</u>	the dam	age to the
<u>Palaeon</u>	tological Research and Ec	<u>lucation Ce</u>	ntre's fossil or re	<u>eplica, I am wil</u>	ling to be	<u>responsible</u>
for all th	ne damage.					
Signature	2	Lender	Signature			Adviser
3						
	///			/		
Signature collection officer Signature Director of PRC						
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Date:	///		Date:	/	/	
Signature	2	Return	Signature		colle	ction officer
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Date:	///		· ·	ate:/		,
	Condition: Complete			ase specify)		
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If you have any questions, please contact collection officer at Researcher room 1 or 2.