Dear Laboratory of Human Osteology,

I have considered your request to allow casting of remains donated by me or my family member to your lab. I understand that cast reproductions would be available for sale to universities only with the intent of furthering research and education. I also understand the Laboratory of Human Osteology would receive funds based on the sale of these casts. These funds would be used to purchase laboratory equipment and to fund student employment and research.

Please check one of the two squares below:

○ I give my permission for casting the remains of my remains or my relative’s remains.

○ I do not give my permission for casting of my remains or my relative’s remains.

Signed: ____________________________________________ Date: _________________

Please print your name: ________________________________

Relationship to donor: ________________________________