

DONATION FORM

Date:

Name and Surname:

Address:

I would like to donate the specimens of the species indicated below to the Museum of Ege University [Ege Üniversitesi, Su Ürünleri Fakültesi Müzesi (ESFM)].

I confirm that all usage rights of the specimens belong to ESFM from now on.

Description of specimens:Observations*:

*If the specimens were cited in a paper or report, please write here the full citation of it.

**Curator's
Name-Surname and Signature****Donator's
Name-Surname and Signature****PLEASE SIGN AND RETURN THIS COPY TO THE CURATOR PROMPTLY**