

## **AUTHORIZATION REQUEST FOR REPRODUCTION/LICENSING OF LIBRARY MATERIALS** FOR NON-PUBLISHING/NON-PROFIT PURPOSES

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The B&ECPL will determine and inform the Requestor of any applicable charges for the requested reproductions.

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The Requestor's signature on form below acknowledges his/her agreement with these conditions.

## **INFORMATION REQUEST SUMMARY & DISPOSITION**

Please complete the Request for Photographs of Library Materials form in full to assure prompt and correct handling. Please print or type.		
MATERIAL REQUESTED TO BE REPRODUCED		
TITLE		
PAGE NUMBERS		
TITLE		
PAGE NUMBERS		
TITLE		
PAGE NUMBERS		
TITLE		
PAGE NUMBERS		
AUTHORIZED USE OF IMAGES		
Date		
REQUESTOR		
NAME:	SIGNATURE:	
ORGANIZATION	TITLE	
TELEPHONE /	MAILING ADDRESS	
-		
DATE REQUESTED:	EMAIL ADDRESS	

SPECIFICATIONS For REPRODUCTION			
Photograph:   Requestor's camera   Library-arranged photographer:   8"x 10" OR □ 5"x7" OR □ Other □ Color OR □ Black & White   Glossy OR □ Matte   Transfer photo image onto compact disk			
\$ Photographer's fee			
Digital scan onto electronic media    JPEG			
DEPARTMENTAL RECOMMENDATION			
☐ Approval recommended	COST FOR SERVICE: \$ TERMS (For commercial use):		
☐ Approval not recommended			
REASON REQUEST CANNOT BE FILLED  Material not available Not enough lead time to complete Other:			
	Signature of Authorized GRO Manager	Date	

SEE REVERSE SIDE



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