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

In order to protect valuable library materials, the Buffalo and Erie County Public Library (B&ECPL) permits photographing OR scanning of such special materials only with authorization/approval of the Library and charges applicable reproduction fees paid by the party requesting the photograph or scan (“Requestor”).

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

The Requestor agrees and warrants that reproductions are for personal use only and shall not be used for profit/publication purposes or for purposes other than those specifically stated under “Intended use of Photographs.” Reproductions may not be sold or transferred to others without prior approval of the B&ECPL. Any commissioned/for-profit use of photographs or scanned items are subject to further approval by the B&ECPL and shall require a payment or percentage of revenue to the B&ECPL to be negotiated. The B&ECPL retains all applicable property rights associated with the reproduced materials. The B&ECPL makes no representations or warranties regarding the copyright status of the materials. It is the sole duty of the requestor to determine copyright status and secure permissions as necessary. The requestor agrees to indemnify and hold harmless the B&ECPL from and against any and all claims, damages, and expenses, arising from requestor's breach of this duty.

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

<table>
<thead>
<tr>
<th>INFORMATION REQUEST SUMMARY &amp; DISPOSITION</th>
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<tbody>
<tr>
<td>Please complete the Request for Photographs of Library Materials form in full to assure prompt and correct handling. Please print or type.</td>
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<tr>
<th>MATERIAL REQUESTED TO BE REPRODUCED</th>
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<tbody>
<tr>
<td>TITLE</td>
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AUTHORIZED USE OF IMAGES

Date

REQUESTOR

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<tr>
<th>NAME:</th>
<th>SIGNATURE:</th>
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<tbody>
<tr>
<td>ORGANIZATION</td>
<td>TITLE</td>
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<tr>
<td>TELEPHONE ( ) -</td>
<td>MAILING ADDRESS</td>
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<tr>
<td>DATE REQUESTED:</td>
<td>EMAIL ADDRESS</td>
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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 ☐ Minimum resolution:
  ☐ TIFF ________ dpi
  ☐ BMP

Delivery
  ☐ Requestor will pick up
  ☐ Mail
  ☐ FTP

Special Instructions:

DEPARTMENTAL RECOMMENDATION

☐ Approval recommended
☐ Approval not recommended

REASON REQUEST CANNOT BE FILLED
☐ Material not available
☐ Not enough lead time to complete
☐ Other:

COST FOR SERVICE: $
TERMS (For commercial use):

Signature of Authorized GRO Manager ____________________________
Date ________________