Reproduction Request Form

Name: __________________________________________________________

Address: __________________________________________________________________________

Phone: __________________________________________________________________________

Email: __________________________________________________________________________

Date: __________________________________________________________________________

Collection Information (Title, Number)

Items Requested for Reproduction (Include series, folder, folder title, and item description; items desired should also be flagged with the assistance of reading room staff; if the item is in our Digital Collections, include the Identifier or Filename):

Desired file format, resolution, and method of delivery (Please see the Pricing Schedule for assistance):

Audio/Visual (sound, film, or video recordings):

Total Number of Reproductions Requested:

Purpose of Reproduction Request: __________Scholarly/Personal Use __________Publication/Commercial

Signature: __________________________________________________________________________

This indicates your understanding of the policies regarding use and permissions as stated in the Reproduction Policy.

OFFICE USE

Fee total:

Paid by:

Estimated delivery date:

Signature of Archival Assistant: _________________________________________________________