# Imaging Request & Application to Publish

The University of Alabama Libraries Special Collections

**Personal Information** 

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Address: The University of Alabama, Box 870266, Tuscaloosa, AL 35487-0226

**Phone:** 205-348-0500 | **Fax:** 205-348-1699 | **Email:** archives@ua.edu

Use this form to both request <u>digital images</u> and request permission to <u>publish or otherwise use them in any public</u> <u>venue</u>. Save this PDF to your computer, open the file, and type to fill in the blanks. Save the filled version and return it by email (or print and return by mail) to the address above. Thank you!

Name:	me: Date of Request:		
Academic or Instit	utional Affiliation:		
Contact Info	Phone:		
	Email:		
	Mailing Address:		
Part A. Imagin			
Processing Infor	rmation		
Payment must be r	made in full prior to delivery of images.		
Payment method:			
Delivery method:			
Order Specification	t <b>ions</b> dpi JPEGs unless otherwise requested and approved.		
Description of ite	em (include image number or other identifying information)	Quantity	Use
1			
2			
3			
4			

8

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#### Fee Schedule

#### **Processing**

Total Images	Processing Fee
1-5	\$25.00
6-10	\$50.00
11-15	\$75.00
16-20	\$100.00

Orders of more than 20 images will be processed at the discretion of UA Libraries Special Collections.

#### Digitization

User Type	Digitization Fee	
UA-affiliated Users	\$5.00 per image	
Other users	\$25.00 per image	

#### **Commercial Use**

**FORMAL PERMISSION IS REQUIRED for any commercial use.** Please fill out Part B of this form to request permission to publish.

Use Type	Use Fee	
Print	\$50.00 per image	
Digital	varies with usage	
Broadcast		

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- 2. The user making the request is required to secure all permissions or licenses from the copyright holder(s) other than The University of Alabama Libraries Special Collections. Permission must be sent to Special Collections in writing by the copyright holder.
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By checking this box, I signify that I, agree to abide by them.

, have read the above policies and

# Part B. Application to Publish

## Information about Proposed Publication or Product

Title of publication or product where material is to be used:

Publisher, production company, or institution:

Editor or project coordinator and contact information:

**Anticipated publication date:** 

Check all items which you are requesting permission to publish:

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By checking this box, I signify that I, , have read the above policies and agree to abide by them.

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Signature:	Date:	
Other notes:		