

Application for Permission

University of Washington Libraries, Special Collections Division

Box 352900, Seattle, WA 98195-2900

Phone (206) 543-1929 fax (206) 543-1931 Email: photos@u.washington.edu

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PLEASE PRINT

Name of Applicant: _____ Institution or Company: _____

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Phone Number: _____ Fax Number: _____ Email: _____

PART II: CONDITIONS OF APPLICATION

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Signature

Date

Application for Permission

(Continued)

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Check box if applicable and provide requested information

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Student/FacultyK-12 (Non-UW) Institution name or student ID# _____

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Number of Copies

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How many?

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