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For scans and digital prints of Special Collections materials

photos@uw.edu

Instructions: This form must be completed and signed before the reproduction order can be processed. By signing this form, you agree to the following Conditions and Fees:

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- UW retains all rights to the Images except those expressly granted herein.

Fees:

Check or initial:

____ I understand that prepayment will be required for reproduction fees.
Note: *There is a charge for all reproduction service.*

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Signature	Date
Address	Telephone number

Special Collections,
University of Washington Libraries,
Box 352900, Seattle, WA 98195-2900
Email: *photos@uw.edu*
Phone (206) 543-1929
Fax (206) 543-1931

revised 01/12

SC-02 Reproduction Request (green)

Reproduction Request—for scans or digital prints

photos@uw.edu

Order # _____

Date _____

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Name:_____

Company/Institution_____

Street Address_____City_____State_____Zip code_____

Phone_____Email_____

UW Dept Budget name_____UW Budget number_____

You will be contacted for prepayment before your order is processed. Turnaround time is 4 weeks from the time payment is received. For large orders, a staff member will contact you with an estimated time of completion.

	Scans (All scans are delivered in 300 ppi RGB Tiff format.)			**Digital Prints** (Inkjet printed on archival paper)		
Negative number or **Order number** and **Description**	Output size: **8x10**	Output size: **11x14**	Output size: **16x20**	Print size: **8x10**	Print size: **11x14**	Print size: **16x20**
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Special Instructions or reproduction requests:

Note: Pages3 and 4 are additional pages. You must fill out pages 1 and 2 for your order to be processed.

	Scans (All scans are delivered in 300 ppi RGB Tiff format.)			**Digital Prints** (Inkjet printed on archival paper)		
Negative number or **Order number** and **Description**	Output size: **8x10**	Output size: **11x14**	Output size: **16x20**	Print size: **8x10**	Print size: **11x14**	Print size: **16x20**
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Special Instructions: