Moving Image Reproduction Request

Special Collections Division
University of Washington Libraries, Box 352900, Seattle, WA 98195-2900
Phone (206) 543-1929  fax (206) 543-1931
Email: filmarc@u.washington.edu

Instructions: (1) Use this form to request reproductions of moving image materials
(2) Sign below and provide the information requested on page 2 of this form

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:

Conditions:

• You may use the reproduced moving images (“Images”) for reference use only.
• You may not sell, reproduce, publish, display, broadcast, digitize, or distribute the Images or copies of the Images, and you may not allow others to do so.
• The University of Washington is not granting you rights under copyright in the Images
• If you wish to use the Images for non-reference purposes, or you wish to exercise rights under copyright, you must submit an Application for Permission form to Special Collections and receive a Letter of Permission in response to your request.
• UW retains all rights to the Images except those expressly granted herein.

Fees: Check one
_____ I agree to pay all charges incurred with this request  OR

_____ Please call/email me with an estimate and I will supply a letter/email to confirm that I wish to have the moving images in this request reproduced and that I will pay all the charges incurred.

By signing below, I agree to the above conditions and fees. If I am requesting the moving images for a unit of the UW, a company or organization, I have the authority to act on behalf of that company, organization or unit of the UW. I understand that failure to comply with these rules may result in the denial of future requests for reproductions.

___________________________________________  ______________________________________
Print: Name/Phone Number  Agency/Institution

___________________________________________  ______________________________________
Signature  Date

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Moving Image Reproduction Request: University of Washington Libraries, Special Collections

PLEASE PRINT
Title of Project: ___________________________ Estimated Release Date: ________________

Author/Director/Contact: ______________________________________________________________

Company/Institution: __________________________________________________________________

Address: __________________________________________________________________________

Phone __________________ Fax __________________ Email ________________________________

☐ Mail ☐ Pickup ☐ Fed Ex __________________ UW Budget Name/number______________________

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Special Instructions____________________________________________________________________
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For Staff Use Only
Job #: __________________
Order Taken By: ________________

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