

Moving Image Reproduction Request

Special Collections Division

University of Washington Libraries, Box 352900, Seattle, WA 98195-2900

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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

For Staff Use Only
 Job #: _____
 Order Taken By: _____

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 _____

Collection Number	Collection Name	Title/Description	ID#, Master # , Or MV # Streaming video	TC Start	TC Stop	Format Desired

Special Instructions _____

