

Scan Reproduction Request Application and Agreement

For scans 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:

Conditions:

- You may use the reproduced 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.
- 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. You will receive a Letter of Permission and a separate bill in response to your request.
- The University of Washington is not granting you rights under copyright in the Images.
- 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.*

Check or initial one:

____ I am also submitting the Permission for Use form. I understand that permission fees will be billed separately.

____ I am not submitting the Permission for Use form at this time, but will submit the form at a later date.
I understand that permission fees will be billed separately.

____ I am not submitting the Permission for Use form. These reproductions are for personal use only. Explain:

By signing below, I agree to the above conditions and fees. If I am requesting the Images for a unit of the UW, 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

Agency/Institution

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

Scan Reproduction Request

photos@uw.edu

PLEASE PRINT FULL CONTACT INFORMATION:

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 2 weeks from the time payment is received. For large orders, a staff member will contact you with an estimated time of completion.

Negative number or Order number and Description	Scans (All scans are delivered in 300 ppi RGB Tiff format.)		
	Output size: 8x10	Output size: 11x14	Output size: 16x20
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Instructions or reproduction requests:

