REQUEST FOR PHOTOGRAPH DUPLICATION
~ Polster Photograph Collection ~
This form must be completed and signed before the reproduction order can be processed.

Requestor’s Name: ____________________________    Requestor’s Phone No.: ___________________________

Requestor’s E-mail: _______________________    Requestor’s Mailing Address: ________________________

<table>
<thead>
<tr>
<th>Photo ID Number</th>
<th>Digital</th>
<th>Professional Print</th>
<th>TOTAL</th>
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<td>Saved to disk.</td>
<td>$1.00 per image.</td>
<td>Sent via email.</td>
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<td>JPEG</td>
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ALL SALES ARE FINAL. ORDERS ARE HELD FOR PICK-UP FOR 1 MONTH.

By signing this form I understand and agree that:

• I agree to pay all charges that may be incurred with this request (including rush fees, extraordinary shipping, and the production of copy negatives that remain the property of the Library).
• The reproductions are provided for personal use only and shall not be used for profit or publication purposes.
• I will not publish, display, reproduce, or broadcast this material in any format without first obtaining written permission from Library. A “Request for Permission to Publish Library Photographs” form must be completed before any of these images can be published or broadcast in any medium.
• In providing photograph reproductions, the Library does not surrender its right to publish these items or to grant others permission to do so.
• The Library reserves the right to limit the number of photographic or digital copies or to impose such conditions as it may deem advisable in the best interests of the collection.

I have read and agree to the above conditions. I understand that failure to comply with these rules may result in the denial of future requests for reproductions. If I am representing an organization, I am authorized to enter into this agreement on behalf of the organization named below and enter into this agreement on behalf of that organization and personally.

Signature of responsible party ____________________________    Date ____________________________

Name [please print] ____________________________    Organization ____________________________

Address ____________________________

Telephone ____________________________    Email address ____________________________

Staff initials:________    Date: ____________________________

Revised 07/19/2008