

**REQUEST FOR PERMISSION TO PUBLISH LIBRARY-OWNED MATERIALS**  
**OWNED BY THE LOCKPORT PUBLIC LIBRARY**  
*(including Polster, Sand, and Oral History collections)*

This form must be completed and signed before the library-owned material(s) can be published or publicly displayed.

I hereby request permission to publish the following materials physically owned by the Lockport Public Library:

Photo ID # or Oral History Name	Description (Polster, Sand, Oral History, or Other; names of people or places, etc.)

I wish to publish or display the items in the following publication, web site, or exhibit:

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\_\_\_\_\_

By signing this form, I understand and agree that:

- Permission is granted for one-time use for the purpose described above.
- The materials described above may not be sold or given to any commercial agency, person, or organization.
- In permitting the use of the materials, the Library does not surrender its own rights to use or grant others permission to use the materials.
- The Library requests, and is appreciative of receiving, one complimentary copy of any published work (with the exception of genealogies)—in any format—in which the materials appear. If published on a web site, the Library will receive the Internet address (URL) of the web site.
- When published or displayed, the materials will display the following credit line: “Photograph/transcript/etc. courtesy of the Lockport Public Library, Lockport, New York.”
- The Library does not allow its materials to be used out of context or modified in any way that affects the historical integrity of the material.
- All responsibility for possible copyright infringement arising from use of these materials will be assumed by the requesting party.

*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 to publish/display library-owned materials. 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 \_\_\_\_\_

<b>Request approved by:</b>	<b>Date:</b>
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**Lockport Public Library 23 East Avenue, Lockport, New York 14094 (716) 433-5935 [www.lockportlibrary.org](http://www.lockportlibrary.org)**