Request for Reproduction of Archival Materials

(Please type or print)

Name____________________________________ Date _______________________________

Description of Materials to be Reproduced

Collection Name _______________________________________________________________

<table>
<thead>
<tr>
<th>Box Number / Name</th>
<th>Folder Number / Name</th>
<th>Photocopies Requested</th>
<th>Photographs Requested</th>
<th>Digital Scans Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample - Box 110, JHH</td>
<td>F 7, Administration Bldg.</td>
<td>6 pages as marked</td>
<td>3 (4x5) B&amp;W</td>
<td>5 scans @300dpi</td>
</tr>
</tbody>
</table>

Specify requests for reproductions in other media ______________________________________________
______________________________________________________________________________________

Provide any additional details necessary to assure your reproduction request is properly fulfilled (e.g. size of photographic prints, scanning resolution.) ____________________________________________________
______________________________________________________________________________________

I understand that these reproductions are not to be used for any purpose other than private study, scholarship, or research. If I wish to publish I will contact the Archives and request a Repository Permission form to apply for such permission. I understand that if the materials I am requesting from the Archives contain health information that is protected under federal or state law or is confidential information, it will be redacted unless I have specific authorization to have copies of these materials or other specific exceptions apply. I also understand that improper re-disclosure of this information may constitute a violation of the Privacy Rule or other federal or state laws that could result in significant fines or other legal penalties.

I will be responsible for all charges incurred in the fulfillment of this order. I understand the Price List for Materials and Services is available upon request and on the Archives website.

The Archives reserves the right to grant or deny reproduction of any materials in its holdings for any reason.

Signature ___________________________________________ Date __________________________

For Staff Use:
Project Name: ____________________________
Registration #: ____________________________

Revised 11/09/05 mwk