



## BROWN UNIVERSITY LIBRARY

John Hay Library  
Providence, RI 02912  
401-863-2146 (phone)  
401-863-2093 (fax)  
[Hay@brown.edu](mailto:Hay@brown.edu)

### APPLICATION TO REPRODUCE NON-MANUSCRIPT MATERIAL

Name: \_\_\_\_\_  
(Last) (First)

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Affiliation: \_\_\_\_\_

#### TYPE OF REPRODUCTION:

Photocopy \_\_\_\_\_ Color Photocopy \_\_\_\_\_ Microfilm \_\_\_\_\_

B&W Print \_\_\_\_\_

Size: 8" x 10" \_\_\_\_\_ Other \_\_\_\_\_

Finish: Glossy \_\_\_\_\_ Other \_\_\_\_\_

Black & White Slide \_\_\_\_\_ Color Slide \_\_\_\_\_ 4"x 5" Color Transparency \_\_\_\_\_

Personal Camera \_\_\_\_\_

*Positive copies are supplied; the Library retains ownership of all negatives and color transparencies. Choice of camera position, reduction ratio, etc. is at the discretion of the photographer unless specific instructions accompany this application.*

#### Staff Use:

Number of Pages: \_\_\_\_\_ Cost: \_\_\_\_\_

Cash: \_\_\_\_\_ BrownCard/CopyCard: \_\_\_\_\_ Internal Billing #: \_\_\_\_\_

Discharge Material: \_\_\_\_\_ Keep on Reserve: \_\_\_\_\_ Return to Reader: \_\_\_\_\_

*Please fill in and sign reverse side of this form.*

**MATERIAL TO BE REPRODUCED:**

AUTHOR/TITLE	COLLECTION/CALL #	PAGES
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

**The reproductions requested above are for the sole use of the undersigned for the purpose of private study, scholarship, or research. The undersigned agrees not to transfer them to others, further reproduce them, publish any part of them, or place them in another institution without the express written prior consent of Brown University Library and any other person or persons, institution or institutions whose consent the law requires.**

**The undersigned expressly assumes all responsibility for observing applicable laws of copyright, literary property, and libel and covenants and agrees to exonerate, indemnify and hold the University, its trustees, fellows, officers, servants and agents harmless for and on account of any and all loss, cost, damage or expense arising out of or in any way connected with the use which the undersigned makes or suffers or permits to me made of the materials identified below.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_