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The Requestor's signature on form below acknowledges his/her agreement with these conditions.

INFORMATION REQUEST SUMMARY & DISPOSITION

Please complete the Request for Photographs of Library Materials form in full to assure prompt and correct handling. Please print or type.

MATERIAL REQUESTED TO BE REPRODUCED

TITLE

PAGE NUMBERS

TITLE

PAGE NUMBERS

PAGE NUMBERS

TITLE

Date

NAME:

TITLE

PAGE NUMBERS

AUTHORIZED USE OF IMAGES

REQUESTOR

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ORGANIZATION	TITLE
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SIGNATURE:

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