



**APPLICATION FOR PERMISSION TO PUBLISH FROM THE GALLERY ARCHIVES COLLECTIONS**

Name: \_\_\_\_\_

Position and Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Please include city, state and zip)

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

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

**PROJECT DESCRIPTION**

Title of Project: \_\_\_\_\_

Author/Director/Curator: \_\_\_\_\_ Estimated release date/exhibition dates : \_\_\_\_\_

Publisher/Production Company/Institution: \_\_\_\_\_  
 Non-profit  Commercial  Educational

**Materials Used:** Please list Collection Numbers/ record groups to identify (attach a sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

**Format Distribution Information** (please check all that apply)

**Note: Permissions include use in promotional materials related to the described project.**

**Print media** (book, article, newspaper, etc.)

- |  |   |
|--|---|
| <input type="checkbox"/> Book/magazine/journal:                    | <input type="checkbox"/> Catalog/brochure/flyer |
| <input type="checkbox"/> Newspaper article:                        | <input type="checkbox"/> Cover                  |
| <input type="checkbox"/> Personal publishing (1000 or less copies) | <input type="checkbox"/> Thesis/Dissertation    |

**Film/Video Production** (licensed for one use/episode/appearance for the life of the project)

- |  |  |
|--|--|
| <input type="checkbox"/> Standard/non-standard TV - Local , National or International (please circle which one): |  |
| <input type="checkbox"/> Non-Broadcast Instructional   | <input type="checkbox"/> Home video sales/rental |
| <input type="checkbox"/> Theatrical  | <input type="checkbox"/> Other: _____            |

**Digital**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> CD-Rom     | <input type="checkbox"/> E-Books        |
| <input type="checkbox"/> DVD        | <input type="checkbox"/> World Wide Web |
| <input type="checkbox"/> E-Journals |   |

**Other uses**

- |   |  |
|---|--|
| <input type="checkbox"/> Advertising        | <input type="checkbox"/> Presentation (In-house Corporate/Educational) |
| <input type="checkbox"/> Exhibitions        | <input type="checkbox"/> Presentation (Commercial)                     |
| <input type="checkbox"/> Commercial Display | <input type="checkbox"/> Theater/Live Event                            |
| <input type="checkbox"/> Office Display     | <input type="checkbox"/> Classroom Project                             |
| <input type="checkbox"/> Commercial Product | <input type="checkbox"/> Other   |

**Alteration of Original Image** (beyond standard cropping)

Request to alter image. Please describe alteration: \_\_\_\_\_  
\_\_\_\_\_

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3. If permission is granted, citations should take the form: [Identification of item and date], Collection Albright-Knox Art Gallery Archives.
4. I understand that the fees and permissions involved for using this material are for a one-time use and I agree to pay any charges required by this request (please see Albright-Knox Art Gallery Archives Services and Fees for details).
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Permission Granted:**

- as requested     with reservations     non-exclusive rights     exclusive rights

Permission granted by: \_\_\_\_\_

Date: \_\_\_\_\_

**Permission Denied (please revise and resubmit):**

- Additional permission required from estate or owner of copyright  
 insufficient description of project