



NATIONAL LIBRARY OF MEDICINE
 History of Medicine Division
 8600 Rockville Pike
 Bethesda, MD 20984

Photographic Services Request Form

Requestor Name (please print clearly) _____ Date _____

Address _____ Phone _____

Book, journal or collection title (use separate form for each) _____

Call Number _____ Year of Publication _____ Volume # _____

HMD Photography Policy, Schedule and Charges

Onsite photography of HMD material is done by the approved photographer at the discretion of the HMD Conservation Librarian. The photographer visits HMD at least once a month. Patrons make billing and shipping arrangements directly with the photographer.

Page/Plate Number (identify image clearly)	Format (color print, slide, b&w neg., etc)	Size	Quantity
---	---	------	----------

Special Instructions:

NOTICE: WARNING CONCERNING COPYRIGHT RESTRICTIONS.

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyright material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement. This institution reserves the right to refuse to accept a copying order if, in its judgment, fulfillment of the order would involve violation of the copyright law.

Certification of Use

I certify that the work requested, if subject to copyright, is to be used for nonprofit, noncommercial teaching or lecturing or for private study, scholarship or research, and not for further reproduction, publication or other form of public display, without the written permission of the copyright owner.

Signature _____ Date _____