



### Digitization Request Form

Archival materials are copied for individual research projects only. Permission must be requested to place copies in another repository or to publish.

<b>Request Date:</b>		<b>Date Needed By:</b>	
<b>Requestor Name (Print):</b>			
<b>Department/Organization:</b>			
<b>Status of Requestor:</b> <i>(Please Circle One)</i>		Internal	Researcher/Historian
			Individual/Non-profit
<b>Research Request Form Attached:</b> Yes No		<b>Permission Request Form Attached:</b> Yes No	
<b>E-mail:</b>		<b>Phone #:</b>	
<b>Fill out ONLY if no Research Request Form has been submitted</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>REQUESTED MATERIALS</b>			
Description	Collection ID	DPI	File Type (JPG/TIFF/PDF)
1.			
2.			
3.			
4.			
<b>Briefly describe for what the scans will be used.</b>			

<i>OFFICE USE ONLY</i>			
Date Received: _____	Received by: _____	Date Completed: _____	
Request Ticket #: _____	Date Sent: _____		

