

Duplication Request Form

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Duplication Type

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|---|--------------------------------------|--|
| <input type="checkbox"/> Self-taken digital photographs | <input type="checkbox"/> Photocopies | <input type="checkbox"/> Digital duplication (PDF) |
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Duplication Use [check all that apply]

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> research/personal | <input type="checkbox"/> publication | <input type="checkbox"/> presentation |
| <input type="checkbox"/> exhibition | <input type="checkbox"/> film/television/video | <input type="checkbox"/> web/online |
| <input type="checkbox"/> commercial use | <input type="checkbox"/> Other _____ | |

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