

**APPLICATION FOR REPRODUCTION PERMISSION**

Name:	Tel:	Fax:
Affiliation:		E-mail:
Address:		
City:	State:	Zip/Country:

Requestor's status:  Non-profit organization       For-profit company  
 Private individual       Other: \_\_\_\_\_

**Image(s) requested:**

Artist:	Accession #:
Title:	
Artist:	Accession #:
Title:	

**Deadline for image(s):** \_\_\_\_\_

**Format requested:**

- Digital image for research only  
 Digital file jpeg or tiff on CD  
 Digital file jpeg or tiff via email or FTP site

**Digital Specifications:** Files at the standard resolution of 72dpi will be provided for Web and other electronic uses and 300dpi will be provided for print use.

**What size in inches will the image be reproduced?** \_\_\_\_\_

**How will the image be reproduced?**     Color     B&W

**Intended Use:**     Study or reference (no reproduction without prior permission)  
 Reproduction in a print publication

*Type of publication:*     Exhibition catalogue     Textbook     Journal/Magazine     Other

*Image Placement:*     Inside     Outside

Title of book/article/magazine:
Author/editor:
Publisher:
Projected date of publication:
Print Run:

Reproduction in electronic media or TV/film/video:

*Type of production:*  Television  Documentary  Dvd/CD-ROM  Website

Title of production:
Producer:
Projected date of broadcast:
URL and dates displayed:
Copies distributed:

**For all requests:**

*Language:*  English  Other: \_\_\_\_\_

*Distribution:*  North America  Worldwide

*Printing/Production:*  1<sup>st</sup> edition/Broadcast (5 years)  Reprint/Re-broadcast  
 Revised Edition/Revised Production  Broadcast in Perpetuity

Allow 2-3 weeks for processing. Upon receipt and approval of application, an invoice will be sent to you for signature. Please return it with payment. **Prepayment is required.** Image(s) will then be sent to you. Please allow 4-6 weeks after payment for delivery of images. Large and complex order for which new photography is required may take longer.

Please mail, fax or email your completed request to:

Kristen Zimmerman  
 Registrar  
 The Cummer Museum of Art & Gardens  
 829 Riverside Avenue  
 Jacksonville, Florida 32204  
 Fax (904) 353-4101  
[kzimmerman@cummuseum.org](mailto:kzimmerman@cummuseum.org)