University of Wisconsin Law Library
Photograph Duplication Request

Name ______________________________________________________________________________________

Mailing address ______________________________________________________________________________________

_______________________________________________________________________________________________

Telephone ___________________ Email ___________________

Description of Photograph(s)

☐ I would like the library to scan the photograph(s)
Unless otherwise requested, the following settings will be used:
  • 300 dpi
  • 8 bit greyscale or 24 bit color (circle one)
  • TIFF file

If you would prefer that alternate settings be used, please indicate below. Note that we may not be able
to accommodate all requests.

☐ A library staff member has granted me permission to scan, copy, or photograph the photo(s) myself
inside the Law Library. I realize that I am responsible for the safe and prompt return of the photo(s).

☐ A library staff member has granted me permission to take the photograph(s) from the library to be
duplicated elsewhere. I realize that I am responsible for the safe and prompt return of the photo(s).

I have read and will abide by the conditions established by the UW Law Library Photograph Duplication Policy.

___________________________________________ __________________
Patron Signature Date

___________________________________________ __________________
Library Staff Signature Date