

Complete form, print, then sign. Return completed form to Knox College Special Collections and Archives.



Seymour Library
Special Collections & Archives
371 S. West St.
Galesburg, IL 61401
309/341-7392 | Fax 309/341-7799
archives@knox.edu

PERMISSION TO PUBLISH

I request permission to quote from material or reproduce photographs from the Special Collections and Archives at Knox College. The material/photograph/quote described here:

will appear in the following publication (*provide title, publisher and expected date of publication*):

1. Credit line should read: Special Collections and Archives, Knox College Library, Galesburg, Illinois. This credit must accompany each photo or quote reproduced.
2. Permission granted is for a one-time use only. Photographic or quoted material may not be reused in subsequent editions, paperback editions, foreign language editions, etc. without written permission of the Knox College Library.
3. Permission for reproduction is granted only when this application is countersigned by a representative of the Knox College Library. Permission is granted only for the expressed purpose described in this application and is non-transferable. Permission is non-exclusive.
4. The Special Collections and Archives reserves the right to refuse reproduction of its holdings and to impose such conditions as it may deem advisable for the best interest of Knox College.
5. It is the responsibility of the applicant to obtain permission to publish reproductions from the owner of copyright. The applicant assumes full responsibility for conforming with laws of privacy, copyright and literary property rights which may be involved in the use of this material.
6. In all instances, the applicant agrees to hold Knox College and its agents harmless against any and all claims arising or resulting from the use of this material.

By signing this document, I accept personally and on behalf of any organization I represent the conditions set forth above.

Name (*print or type*) _____

Address _____

City _____

State & Country _____

Postal code _____

Signed _____ Date _____

When signed by an authorized agent of Knox College, this form constitutes permission for reproduction as outlined in this application.

Agent (*signature*) _____ Date _____