

PHOTOGRAPH INFORMATION SHEET

NAME:.....
ADDRESS:
..... TEL:

DETAILS OF THE PHOTOGRAPH(S)

gift *loaned for copying* *deposit*

SUBJECT:
PHOTOGRAPHER'S NAME:
PHOTOGRAPHER'S ADDRESS:
DATE TAKEN:
FURTHER INFORMATION:
.....

CONDITIONS OF DEPOSIT

- 1 I agree to the addition of the photograph(s) to Solihull Libraries' Heritage & Local Studies Collection and the making of a negative for security puposes YES/NO
- 2 I agree to the scanning of the image(s) for addition to Solihull Libraries' catalogues and web site, if appropriate YES/NO
- 3 I authorise the staff of Solihull Libraries to provide one/multiple photocopies/printouts of the photograph(s) for members of the public for the purposes of research or private study under the terms of the Copyright Designs and Patents Act 1988 YES/NO
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** Please indicate NO if you would prefer to be contacted directly by people requesting copies of the image for publication and are happy for us to disclose your name and contact details for this purpose.*

Signature Date