

Permission Form and Letter of Agreement

Name: _____

E-mail: _____

Institution or Company: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Requested Use (Please select the choices below)

A. Individual or student, for private or educational proposes:

- | | |
|--|---|
| <input type="checkbox"/> research/reference only | <input type="checkbox"/> illustration for publication or presentation |
| <input type="checkbox"/> book | <input type="checkbox"/> periodical |
| <input type="checkbox"/> exhibit | <input type="checkbox"/> poster |
| <input type="checkbox"/> slide show | <input type="checkbox"/> school paper |
| <input type="checkbox"/> other _____ | |

B. Educator, educational institution, small club, or nonprofit institution, for nonprofit educational purposes:

- | | |
|--|---|
| <input type="checkbox"/> research/reference only | <input type="checkbox"/> illustration for publication or presentation |
| <input type="checkbox"/> book | <input type="checkbox"/> periodical |
| <input type="checkbox"/> exhibit | <input type="checkbox"/> poster |
| <input type="checkbox"/> documentary/film production | <input type="checkbox"/> slide show |
| <input type="checkbox"/> CD ROM | <input type="checkbox"/> other _____ |

Nonprofit status must be demonstrated by submitting a letter of 501c3 to the Chicago Defender.

C. Commercial enterprise or for commercial purposes:

- | | |
|--|---|
| <input type="checkbox"/> research/reference only | <input type="checkbox"/> illustration for publication or presentation |
| <input type="checkbox"/> book | <input type="checkbox"/> periodical |
| <input type="checkbox"/> exhibit | <input type="checkbox"/> poster |
| <input type="checkbox"/> documentary/film production | <input type="checkbox"/> slide show |
| <input type="checkbox"/> CD ROM | <input type="checkbox"/> other _____ |

D. For educational, nonprofit and commercial uses, please complete the following:

Title of Publication or Presentation: _____

Publisher/Propoducer: _____

Expected Publication/Release Date: _____

Print Run: _____

Languages: _____

Other: _____

Items for which permission is being requested (use additional sheet if required):

() Image

() Article

Description: _____

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Signature: _____

Name (please print): _____

Date: _____

Approved by: _____

Date: _____

Frances Jackson, Interim Publisher
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