

**St. Francis Xavier University Archives
Scanning/Image Agreement Form**

Date: _____ **Internal Use:** _____
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Address: _____

Telephone #: _____ **Fax #:** _____
Email: _____

Terms & Conditions

1. I agree to pay all fees that may be incurred with this request; this includes scanning of images, accompanying CD-Rom, all mailing, courier, and/or shipping and handling charges. (See Page 2 for list of images requested)

2. I understand and agree that these images are given to me upon the condition that I will use _____ them _____ for _____ the _____ sole _____ stated _____ purpose:

3. I agree not to publish, display, reproduce, or post these images on the Internet without the written permission of the St. F.X. Archives.

4. I agree not to copy, disseminate, or sell the requested images, in any form, and/or by any means nor will I allow others to do so.

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6. I agree not to alter or modify the images in any way other than what is necessary to reproduce or format the image for publication, without the written permission of the St. F.X. Archives and if permission is granted I will abide by the conditions laid down by the Archives staff.

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Images Requested:

Subject:	Catalogue #/Collection
1.	
2.	
3.	
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9.	
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(continue on Page 3 if necessary)

I have read and agree to the above terms and conditions. I understand that failure to comply with these rules may result in the denial of future requests for reproductions.

Print name

Institution/St. F.X. Dept.

Signature

Date

For Office Use Only

Date payment received: _____

Cheque/Money order (circle)/CASH NOT ACCEPTED

Date receipt sent: _____ Images sent: _____

Archivist completing form/Comments: _____

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Images Requested:

Subject: Catalogue #/Collection

11. _____

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