

# The Corcoran Gallery of Art

## RIGHTS & REPRODUCTION REQUEST FORM

Fax or Mail Completed Form to: Rights & Reproductions, The Corcoran Gallery of Art  
500 Seventeenth Street, NW - Washington, D.C. 20006  
Fax # 202.639.1778, For Questions, Call: 202.639.1719

### REQUESTOR

### DATE OF REQUEST: \_\_\_\_\_

Name: \_\_\_\_\_ Company/ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Country & Zip or Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### OBJECT (Please add an additional page with object information, if there is more than one object)

Title: \_\_\_\_\_  
(Title, con't.) \_\_\_\_\_

Artist: \_\_\_\_\_  
Accession number (if known): \_\_\_\_\_

### PHOTOGRAPHY FORMAT REQUESTED

- \_\_\_\_\_ 35-mm Color Slide (\$9, research or display only, \*NOT for reproduction or publication)  
\_\_\_\_\_ Black & white 8" x 10" photograph (\$18, research or publication)  
\_\_\_\_\_ Color 4"x 5" Transparency (\$60 rental, 3 months. Publication only. Not for research)

\* Deadline to receive photographic material: \_\_\_\_\_

### USE

Research or Personal Use: \_\_\_\_\_ \* Please explain in the area provided below  
(personal / research use **does not** include use on the Internet or any reproduction)

**OR**

\* Must choose one of the following if planning reproduction and / or publication of image:

Print: \_\_\_\_\_ Web: \_\_\_\_\_ Film/Video: \_\_\_\_\_ Display/Exhibition: \_\_\_\_\_ Other: \_\_\_\_\_  
(explain below)

### LICENSE for REPRODUCTION and /or PUBLICATION

Title: \_\_\_\_\_ Author: \_\_\_\_\_

Language(s): \_\_\_\_\_ Print Run: \_\_\_\_\_ Publication Date: \_\_\_\_\_

Distribution (choose one:) North America \_\_\_Europe \_\_\_Worldwide \_\_\_\_\_Other \_\_\_\_\_

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editorial, non-commercial, educational, etc.) \_\_\_\_\_  
\_\_\_\_\_

### SHIPPING (check one)

\_\_\_ Mail / Post: US (\$3-5) \_\_\_ Mail / Post: International (\$8-10)  
\_\_\_ Fed Ex: (please supply an account number) \_\_\_\_\_