

Permission to Publish Application

First Name:				Last Name:			
Organization:							
Address:				_ City/State/Zip:			
Email:				Phone:			
Project Title:				Author:			
Publisher:				_ Date of Publication: _			
Description of Materials to	be Reproduced			Photo Print Size	Qty	Digital Scan*	
*Digital Scans: DPI	Format: JPG	TIFF	Other	Outpu	ıt CD Em	nail	
responsible for the credit line 2. Permission is granted for a or resale is not allowed with 3. Permission to publish or a 4. All materials are retained 5. Photographic or digital ne the Archdiocese of Louisville 6. The Archdiocese of Louisville 7. In authorizing publication permission to do so. 8. One complimentary copy a 9. The Archdiocese of Louisvi 1 have read and agree to each denial of future requests for organization named above a	one time use only and nout specific authorization therwise use material is in the Archdiocese of Longatives of the Archdiocese Archives. Ille does not claim to consponsibility for all infring of any material, the Archdioces the publication shall all inferences the right to reproduction. I represent	on by the Ass continger ouisville Arderse of Louis ontrol the rigements of chalocese of the given to change the order and under and war	archdioce at upon co chives an sville Arc ights of re f copyrige of Louisvi the Arch ese police derstand	se of Louisville Archives. ompletion of this form. If are not circulated or looking the material made at a completion and distributed and invasion of privacible does not surrender its addiccese of Louisville Archies without prior notice. That failure to comply with a mauthorized to enternotice of the surrender its and authorized to enternotice.	paned for pub a patron's req ation for mate by. s own rights to hives in lieu of the these conc ar into this agi	lishing purposes. uest are the property rial in its collection. The o publish or grant othe f a use fee. litions may result in th	of ne ers
Ciana a di				Data			

Please send this completed form to: