

Rare Books Photographing Application Form

Date _____
(Y /M /D)

To University Librarian of University of Tsukuba

Affiliation/Department: _____

Name: _____

Phone number: _____

I would like to apply to photograph the following materials for educational or research purposes. I declare that:

1. I will photograph library's materials in a designated area according to the instructions of librarians.
2. I will not rephotograph (recopy) any items photographed. I will not publish, reprint, reproduce, sell, transfer, or use as a replacement for any items without permission.
3. I will indicate that the original material is owned by the University of Tsukuba Library when I quote from photographed items.
4. I will take all responsibility for copyrights arising from this application.

Date of photographing: (YYYY/MM/DD) _____

(Not required if same as application date)

Purpose: _____

Book title: _____

Publication year: _____

Call number: _____

Pages: _____