

To Applicants

University of Tsukuba Library
Division of Academic Support
Reference & ILL Section
1-1-1 Tennodai, Tsukuba, Ibaraki 305-8577 Japan
Tel 029-853-2373, 2374
Fax 029-853-6021

Please complete the following documents and apply through your university library or public library. Upon receipt of the documents, we will place an order. It may take up to one month at the earliest for copied items to arrive, or longer depending on the condition and quantity of materials. We appreciate your understanding.

Applicants will be asked to donate one set of digitized DVDs to us and will also be responsible for the fee of the DVDs. (One set of DVDs will be donated directly to us from the vendor.)

Japanese Style Books Full Page Copy (Digitization/Printing) Application Form	One copy
Attachment (Japanese Style Books Digitization/Printing Request Form)	One copy

Notes

Attachment (Japanese Style Books Digitization/Printing Request Form):

- The vendor will send the invoice and copied items directly to the applicant, so please be sure to provide the address. If the invoice and the copied materials need to be sent to different addresses, please include those addresses as well.
- ※ Please refer to University Tsukuba Library's website for the fees.
<https://www.tulips.tsukuba.ac.jp/lib/ja/visitor/waso> (in Japanese)
- ※ If you wish to use the copied materials for publication, etc., please submit the Library Material Use Application Form as well.

Japanese Style Books Full Page Copy (Digitization/Printing) Application Form

Date _____
(Y /M /D)

To University Librarian of University of Tsukuba

Affiliation/ Department: _____

Name: _____

Phone number: _____

I would like to apply to full page copy of the following materials for educational or research purposes. I declare that:

1. I will donate one set of media with recorded data to University of Tsukuba Library.
2. I will not recopy any reproductions or copied items. 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 reproductions or copied items.
4. I will take all responsibility for copyrights arising from this application.

Purpose: _____

Book title: _____

Publication year: _____

Call number: _____

Material ID: 100 _____

Date _____
(Y /M /D)

Japanese Style Books Digitization/Printing Request Form

Requested Material

Book title: _____

Call number: _____ Material ID: 100 _____

Media You Wish to Obtain

Please check one of the boxes in each bracket.

Digitized material (DVD): (☐ Necessary ☐ Not necessary) Color: (☐ Black and white ☐ Color)

Print from digitized data: (☐ Necessary ☐ Not necessary) Color: (☐ Black and white ☐ Color)

Size: (☐ A4 ☐ B4 ☐ A3)

Invoice

Name on invoice / statement of delivery: _____

Quotation: (☐ Necessary ☐ Not necessary)

Billing address: (☐ Institution ☐ Residence)

Address: _____

Name of contact person: _____ Phone number: _____

Address (☐ Institution ☐ Residence) ※Not required if same as billing address

Address: _____

Name of contact person: _____ Phone number: _____

Contact Information of the Library in Charge

Name of contact person: _____ Phone number: _____

E-mail address: _____