

REPRODUCTIONS REQUEST FORM

Please complete each field and return to Art Museum Collections Manager, Heather Pigat at heather.pigat@utoronto.ca or fax to 416-971-2059.

DATE COPYRIGHT GRANTED:
NUMBER OF YEARS COPYRIGHT GRANTED:

REQUESTER INFORMATION

Name:
Organization:
Mailing address:
City/Province/Postal Code:
Phone:
Fax:
Email:

REPRODUCTION REQUESTED

Artist Name:
Title of Artwork:
Date Required by:
Format Required (digital, jpg):

PURPOSE OF REPRODUCTION

Please specify:

FORMAT OF REPRODUCTION

Please specify:
Front Cover: Back Cover: Size:

PRINT RUN

Number of copies:



RIGHTS REQUESTED

Single Country Rights

North American Rights

World Rights

PUBLICATION DETAILS

Author/producer:

Publisher:

Title and nature of publication/program:

Expected price per unit:

Expected date of publication:

PAYMENT OPTIONS

Cheque payable to University of Toronto.

Credit Line:

Following information on applicable fees to be filled out by Art Museum:

Copyright Fee:

Administrative Fee:

HST:

Total Applicable Fees:

“In consideration of the Licensee paying the fee of \$ _____, the Art Museum hereby agrees that the Licensee may use the Image upon the terms and conditions contained herein.”

Licensee Name and Title (please print):

Licensee signature:

Date:

Art Museum Staff Name and Title:

Art Museum Staff Signature:

Date: