Permission to Publish Request Form

Special Collections
University of Arkansas Libraries
365 North McIlroy Avenue
Fayetteville, Arkansas 72701-4002

Telephone (479) 575-8444 FAX (479) 575-3472

Requestor's Name (Please print)	Telephone
Mailing Address	E-mail Address
	Institution
City, State, Zip Code	Position
I request permission from the University of Arkansas Librario	es to publish material (described below) in:
to be published Projected title Anticipated date of publication	
Projected title	Anticipated date of publication
Please check category of intended use: □scholarly publication	
Dother:	
Publisher (and city)	
If an article, please list the journal title	
Source of materials to be duplicated: Name of manuscript collection, MC number, box number, file number, item Picture Collection number. Book or serial title, author, publisher, year of publication, page number.	Item description(s)
I understand that this permission will be valid only insofar as the University of Arkansas, as owner or custodian, holds rights in the material, and does not remove the responsibility of the author, editor, and publisher to guard against infringement of any rights, including copyright, that may be held by others.	
Further, I agree to cite the source of the material as described in the publisher send a gratis copy of the publication to Special Collections Arkansas Libraries.	
Signature of Requestor	Date
Response:	
Permission is granted, subject to the following conditions:	Permission IS NOT granted.
Signature for the University of Arkansas Libraries	Date