

RESEARCH AND REQUEST AGREEMENT FOR NAROPA SPECIAL COLLECTIONS MATERIALS: VIDEO

All researchers using the Naropa University Special Collections must complete & sign this form. Please give the form to the circulation desk when completed & the Special Collections Coordinator will contact you. Please allow at least 48 hours notice for an appointment & 5 business days for a copy.

This information is used by Special Collections staff to assist you in your research, compile statistics, & provide for the security of the collection.

Note: Occasionally, an item may be unavailable because it is in the process of being digitized or because it is too fragile for public use.

Date: _____ Date of requested appointment, or date copies needed by: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Institutional Affiliation (if any): _____

Academic Status (if any): Undergraduate Graduate Faculty Staff

Research Purpose: _____

The individual requesting reproductions (“patron”) expressly assumes the responsibility for compliance with all pertinent provisions of copyright and privacy law. The patron further agrees to indemnify and hold harmless Naropa University and its staff in connection with any disputes arising from questions of copyright and invasion of privacy caused by or relating to the reproduction of materials at the request of the patron. Naropa University does not hold the reproduction rights to all the materials in its collection- permission for use of media is granted on behalf of Naropa University as the owner of the physical item and is not intended to include or imply permission of the copyright holder. The patron is responsible for determining the copyright holder and obtaining copyright permission. Reproduction restrictions are decided on a case-by-case basis. Naropa University grants no exclusive rights for the use of its material. In making this application, the researcher confirms that he or she has read the *Special Collections Access Policy* and agrees that this agreement is subject to the *Special Collections Policy*. The researcher further understands that any failures to observe the *Special Collections Policy* will result in withdrawal of permission to access Special Collections and denial of any future access to Special Collections.

By signing this request form, you agree to the above stated policies and conditions.

Signed: _____ Date: _____

Item Information

(please use a separate sheet for additional requested items if necessary)

Date of Event: _____ Title of Event: _____

Call Number: _____ Brief Description : _____

Were you in the performance? No Yes ▶▶▶▶ Please list approximate start & end times of your portion: _____/_____



Are you requesting a personal copy? Yes No



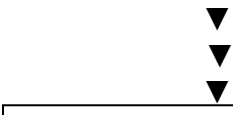
If the original is not on DVD, are you providing your own VHS to copy to? Yes (free) No (\$2.00)

Location (to be completed by staff): _____

Date of Event: _____ Title of Event: _____

Call Number: _____ Brief Description : _____

Were you in the performance? No Yes ▶▶▶▶ Please list approximate start & end times of your portion: _____/_____



Are you requesting a personal copy? Yes No



If the original is not on DVD, are you providing your own VHS to copy to? Yes (free) No (\$2.00)

Location (to be completed by staff): _____