

WILLIAM L. CLEMENTS LIBRARY

The University of Michigan
909 S. University Ave., Ann Arbor, MI 48109-1190
Tel: 734/764-2347

Request for Permission to Publish (Effective May 3, 2018)

NAME: _____

PHONE: _____

ADDRESS: _____

E-MAIL: _____

Please complete, sign, and date a copy of this form and return it to the Library, either by email to clements-reference@umich.edu, fax to 734/647-0716, or mail to the above address. If permission is granted, a signed copy will be returned to you for your records.

I hereby request permission to publish or cite material in the collections of the Clements Library. I understand that this permission grants one-time, non-exclusive United States and world rights to publish the item(s) listed below (1), and in the manner specified (2). The material will be cited or credited: *Clements Library, University of Michigan*, or, *William L. Clements Library, University of Michigan*.

(1) Material or item(s) to be **published** or **cited** (circle one and indicate whether whole item or part, including page numbers, paragraphs, etc.).

(2) Information about your forthcoming publication (title, author, publisher, publication date):

PERMISSION TO PUBLISH AGREEMENT

I agree to the conditions for publishing material from the Clements Library collection as outlined in the above policy.

Signed _____ Date _____

Permission to publish Clements Library material is granted by the Director.

Fee (billed separately) _____