



APPLICATION FOR IMAGE USAGE RIGHTS PERMISSION

State Form 56587 (10-18)

INDIANA STATE MUSEUM AND HISTORIC SITES

INDIANA STATE MUSEUM AND HISTORIC SITES CORPORATION

650 West Washington Street

Indianapolis, IN 46204

Telephone: (317) 232-1637

Fax: (317) 234-1724

REQUESTOR INFORMATION

Name of Requestor	Company / Title	Date of Request (<i>month, day, year</i>)
Address (<i>number and street, city, and ZIP code</i>)		
Daytime Telephone Number	E-mail Address	

REQUEST TYPE

Select your intended use: <input type="checkbox"/> Personal <input type="checkbox"/> Scholarly <input type="checkbox"/> Media <input type="checkbox"/> Commercial <input type="checkbox"/> Other	If Other, briefly explain:
---	----------------------------

IMAGES / MEDIA REQUESTED

Image / Media Description*	ISMHS USE ONLY	
	Agency Object Number	Availability

*Additional items may be added using a separate sheet.

USE OF MATERIALS

Please describe the proposed use of the requested materials. This includes information such as project title, expected date of publication/use, the number of first edition copies, the distribution (Worldwide, US-only, or other), appropriate URLs for web publication, and any other pertinent information.

FOR INDIANA STATE MUSEUM AND HISTORIC SITES USE ONLY

This request is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	If denied, what is the reasoning?	
Signature of Agency Representative	Printed Name and Title	Date (<i>month, day, year</i>)