

ROBERT L. BROWN HISTORY OF MEDICINE COLLECTION

UNIVERSITY LIBRARIES

Reproductions of Material for Personal Use Agreement

This form must be completed and signed before a reproduction order can be processed or digital photographs are taken.

By signing this form, I understand and agree that:

1. The material being reproduced may be protected under United States copyright law.

2. The reproduction is provided for personal reference use only and may not be sold or duplicated for sale. It will not be given to other institutions, businesses, or private entities. The copied material may not be given to or shared with other individuals, students, or scholars without written permission from the copyright holder. Copies of such permissions must be shared with the Robert L. Brown History of Medicine Collection. Any and all liability for any breach of this agreement will be the sole responsibility of the signatory of this agreement.

3. I will not copy the requested reproductions in any form or by any means, nor will I allow others to do so.

4. I will not publish this material (*including print, websites, blogs, social media, etc.*), display, reproduce, or broadcast this material in any form without first obtaining written permission from the copyright holder.

5. I assume all responsibility for questions of copyright or literary rights that may arise.

6. I agree to pay all charges that may be incurred with this request.

I have read and agree to the above conditions. I understand that failure to comply with these rules may result in the denial of future requests for reproductions.

Please print clearly:		
Name		
Position and Affiliation		
Address, City, State, Postal Code		
Country	Area Code/Telephone	
E-mail		
Signature		Date