



COLLEGE OF LIBERAL ARTS & SCIENCES

Spurlock Museum
600 S. Gregory St., MC-065
Urbana, IL 61801-3759

Terms for Special Requests for Photography

This form is required to be completed by individuals requesting to: take photographs of the Spurlock Museum’s collections that are not currently on exhibit, to take photographs of non-public Museum spaces, to use flash or lighting equipment in the galleries or public spaces, to videotape in the galleries or public spaces, or to photograph using equipment other than hand-held camera.

Name: _____ **Today’s Date:** _____

Address: _____

Phone Number: _____ **Email:** _____

Institutional Association: _____

Description of Artifact(s) or Area(s) to be photographed:

If images are for publication, presentation, or a special project, please describe. Include the name of the publication, publisher, expected publication, or presentation date.

Please initial each line below. Enter ‘N/A’ if not applicable.

_____ I agree not to handle artifacts and display furniture unless I have received approved training and have been given express permission by Museum staff.

_____ I agree to use only those flash and lighting set-ups that have been approved by Museum staff. For the preservation of the artifacts, I will keep lighting intensity and period of exposure to a minimum at all times.

_____ I understand publication permission is for one time use only and agree to obtain further permission each time I wish to publish the image.

_____ I agree to identify the Spurlock Museum in publication as: “The Spurlock Museum, University of Illinois at Urbana-Champaign.”

_____ I will provide the Spurlock Museum with one copy, free of charge, of the publication listed above.

Signature: _____ **Date:** _____

For Office Use Only

Request approved by: Date _____ Initials _____

Copy of publication received: Date _____ Initials _____ Library or Publication Number _____