



INSTITUTE OF AMERICAN INDIAN ARTS

Duplication Request Form

Duplication Fee schedules are located on Archival Use Policy

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IAIA Staff, Faculty, Students

of copies _____ no charge Total ___N/A___

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Photographs

300 dpi Call #(s) _____

Description(s) _____

Total # of images _____ Total _____

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Description(s) _____

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Description(s) _____

Total # of images _____ Total _____



INSTITUTE OF AMERICAN INDIAN ARTS

Photographs (cont)

Email _____ Call #(s) _____

Description(s) _____

Total # of images _____ Total _____

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Photocopies _____

Photographs _____

Shipping/Handling (\$5.00 flat fee) _____

Total _____

Payment Received

Cash _____

Check Ck name/# _____

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I agree, personally and on behalf of any organization I represent to abide by all terms, conditions and provisions of this agreement set forth above:

Name (printed): _____

Institution: _____

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