

AUDIO-VIDEO REPRODUCTION REQUEST FORM

	THIS REQUEST	IS FOR PERSONAL USE	PUBLICATION/	COMMERCIAL U	SE (PLEASE CO	MPLETE PAGE 2	IF SELECTED)				
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CONTENT IDENTIFICATION INFORMATION				FORMAT DUPLICATION					Cost		
Item Identifier	Collection	Tit	le of Item		Oral History Interview	Audio or Video Tape Duplication	Audio/Film/ Video Transfer	CD/ DVD Copy	MP3/ WAV/AVI/ MP4/Other		
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								SUB-TO	DTAL		
By signing, I agree to abide by the policies and guidelines (see next page) of the University Library System, University of Pittsburgh.							1.	Shipping			
Signature: Date:				-	TOTAL						

Revised 01/2015

USAGE INFORMATION [IF APPLICABLE]

Illustration for publication or presentation (not Publication (printed matter, electronic Multimedia Production (CD/DVD, vide	c) Website (Internet, intranet) Broadcast (radio, television)
Social Media	Other
Title of Publication/Presentation Publisher/Producer	Expected Publication/Release Date
Print Run	Languages
Other	

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