



Sam Noble Museum

Sam Noble Oklahoma Museum of Natural History
University of Oklahoma
Request for Permission to Photograph

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Contact Phone: _____ Contact email: _____
Organization: _____
Address: _____
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Name of Photographer: _____
Purpose for photos: _____
Times and dates desired for photographing: _____
Equipment to be used: _____
Special needs: _____
Expected date of use of photograph/s: _____
Description of photo/s needed:

Credit line: **Sam Noble Oklahoma Museum of Natural History (SNOMNH), University of Oklahoma**

As an authorized individual of the requesting institution, I hereby agree to use the images listed above only for the purpose for which they were requested and only for the stipulated time period. A copy of this request signed by the representative of the Sam Noble Oklahoma Museum of Natural History will be sent to you upon approval of the request.

Authorized signature: _____
Title: _____ Date: _____

Permission has been granted to the organization listed for the one-time use in the publication stated above of the images listed.

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