



**APPLICATION TO PRINT, PUBLISH, OR EXHIBIT IMAGES/TEXTS
FROM THE HOLY ROSARY MISSION – RED CLOUD INDIAN SCHOOL RECORDS**

Please complete and send to Marquette Archives. Email: mark.thiel@marquette.edu; FAX: (414) 288-5904; U.S. Mail: Raynor Memorial Libraries/ Archives, P.O. Box 3141, Milwaukee, WI 53201-3141.

This form for AV materials from the Holy Rosary Mission – Red Cloud Indian School Records only.

Applicant Name: _____

Address: _____

Email: _____

Phone: _____

The Marquette University Special Collections and Archives Department will grant permission to use images or text from the Holy Rosary Mission – Red Cloud Indian School Records that meet the following conditions and forward the application to Red Cloud Indian School for its approval.

1. Patrons must request permission in writing or electronically using the Application for Printing, Publication or Exhibition. *Possession of a document copy (e.g. image, text) does not constitute permission to use it.*
2. Permission is granted for one-time, one-project use only. Marquette retains all rights to the documents. They may not be used for any other purpose than that listed on this application.
3. Credit must be given as “*Courtesy Red Cloud Indian School and Marquette University. Holy Rosary Mission – Red Cloud Indian School Records, ID ____.*” See example in red below. Also include the photographer or creator of the work, if known.” The credit must appear with the document or on a credit page that indicates page number and position on the page.
4. Credit must appear with the document or on a credit page that indicates page number and position on the page. If negotiated in advance, Marquette may agree to modifications in the credit line format.
5. If the document is still under copyright and the copyright is not held by Marquette University, the requestor must seek permission from the creator of the work or from the current copyright holder. The archives staff will provide the creator’s name, if known.
6. Marquette University assumes no responsibility for infraction of copyright laws, invasion of privacy, or any other improper or illegal use that may arise from reproduction of any image. In all instances the applicant agrees to hold the University and its agents harmless against any and all claims arising or resulting from the use of this image and shall indemnify the University and its agents for any and all costs and damages arising or resulting from any such authorized use.
7. Images may be cropped to suit design and layout, but they may not be altered, colorized, or drawn upon without a letter of permission in addition to a signed permission form.
8. Marquette University Libraries reserves the right to decline permission to publishers and individuals who do not comply with these terms.
9. Marquette University Libraries requests the donation of two copies of a publication. Please send one to Marquette University at the address above and the other to The Heritage Center/Red Cloud Indian School, 100 Mission Drive, Pine Ridge, SD 57770.

Applicant Signature _____ Date _____

Applicant Name/Title (Print) _____



Permission granted to publish/exhibit copy the Marquette University images identified below for **one-time use only** and subject to the conditions listed on this form.

Staff Use

Staff Signature _____ Date _____
 Mark G. Thiel, CA (Certified Archivist), Archivist

Staff Signature _____ Date _____
 The Heritage Center at Red Cloud Indian School

DIGITAL IMAGES

All users must read and sign the above copyright/use agreement; see example in **red** below; add extra pages as needed. Format options: glossy/ matte print, high/ low resolution TIF.

Collection & ID number	Image Description or Title	Size	Format	Qty.	Cost	Staff
<i>MUA_HRM-RCIS_00157</i>	<i>Joseph Horn Cloud at Wounded Knee cemetery, undated</i>	<i>n/a</i>	<i>High-res TIF</i>	<i>1</i>	<i>n/c</i>	<i>MGT</i>

Fee Schedule: http://www.marquette.edu/library/archives/fee_schedule_2013.pdf; (for custom copies and permission to exhibit/publish). Please make your check or money order payable to *Marquette University* (Federal EIN #39-080-6251). Payments made from outside the United States must be made with funds drawn from a U.S. bank.

(Please type or print)

Electronic Delivery _____ Standard Mail _____ Will pick-up _____

Name:

Address:

Phone:

Email:

Title, Publisher, or URL (if applicable):

Expected Date of Publication:

*****STAFF USE ONLY*****

Staff member:

TOTAL DUE:

Date Sent to Patron:

Payment Received: