Image Request Form

Name: ________________________________________________

Institution/Organization: _______________________________________

Address: _______________________________________________________

Contact Person: _________________________________________________

Email: _________________________________________________________

Object: _________________________________________________________

Accession Number: ______________________________________________

Artist: _________________________________________________________

Title: __________________________________________________________

Credit Line to Read: _____________________________________________

Publication and Use: _____________________________________________

☐ Print  ☐ Film-Video  ☐ Display-Exhibition

Title: __________________________________________________________

Author: _________________________________________________________

Language: __________________________________ Print Run: _______________

Publisher: __________________________________ Publication Date: __________

Nature of Publication (commercial, editorial, educational, advertising, etc.): ____________________________

Fees: There is a $100 image fee for a high resolution electronic image. Other image forms may be requested.

Museum Contact: smoa@springfieldart.net

Thank you for your request. Museum staff will review your request within 5 business days.

(Rush orders will be reviewed upon receipt.)

The Springfield Museum of Art reserves the right to refuse any requests and to impose such conditions as it may deem advisable in the best interests of the Museum.