

Charleston Library Society Reproduction and Publication Policy

The library will reproduce images to the extent that physical condition and microfilm and other legal restrictions permit. Reproduction is available in the form of photocopies, photographic images and digital photography. All requests must be approved by a member of the professional staff.

PROCEDURES

All photo duplication requests require the completion and signature of this form.

CONDITIONS OF REPRODUCTION

All reproductions will be handled through the Charleston Library Society and reproduction may be refused in cases of donor restriction, copyright law violation or physical condition of the material. The staff of the Charleston Library Society will arrange for photographic reproduction of materials in the library's collections under the following guidelines:

Copyright:

The library reserves the right to refuse to accept the copying order if, in its judgment, fulfillment of the order would involve violation of the copyright law.

Physical Condition:

Decisions will take into account the type and condition of the binding, the brittleness of the paper, the size and the general fragility of the item. The choice to photocopy or scan is solely the decision of the librarian.

STATEMENT OF INTENDED USE

Please check the appropriate space:

_____ Reproduction(s) are solely for personal or scholarly use and not intended for commercial publication, exhibition, or other commercial use.

_____ Reproduction(s) are intended for use in publishing (print or non-print format), exhibits, presentation, or design or for similar commercial purposes.

Signature: _____

Please complete and sign the Application for Permission to Publish from the Library Materials if images are to be used in any form of media.

FEE SCHEDULE

Photocopy (black & white only)	30 cents per copy
Scan (for originals up to (11 x 14 in.))	\$25.00 each
Photographic prints (4 x 6 in.)	\$15.00 each
Photographic prints (8 x 10 in.)	\$20.00 each

FEES (per image) FOR PUBLICATION

Profit-based ventures*	\$100.00 each
Non-profit*	\$75.00 each
World rights	\$35.00

*If patron uses five or more images in a single project, a discount of 20% will apply to the use fees.

Payment: _____ check (Charleston Library Society)

_____ Visa/MC _____ Expiration Date: _____ Staff Initials _____

Charleston Library Society
Application for Permission to Publish from Library Materials

Send via one of the following methods:

Fax: 843-723-3500

Post: Charleston Library Society

Email: cjones@charlestonlibrarysociety.org

164 King Street

Charleston, SC 29401

Name: _____

Address: _____

Telephone: _____ E-Mail _____

Please list the images you are requesting for your project:

Image title/name	Image source/collection/number	Description

Product description: _____

Working Title: _____

Publisher: _____

Expected Publication Date: _____

Estimated 1st print run & cover price: # _____ \$ _____

Credit Line

Credit shall be given as follows: **Charleston Library Society, Charleston, SC**

Copy required

The library requests a copy of all publications for which permission to publish has been granted.

Indemnity

This form must be signed at the time the order is placed; in so signing, the user indicates an understanding of and agreement with the conditions outlined below:

1. The user assumes full responsibility for any infringement of copyright and publication rights of reproduced materials.
2. Reproductions may not be further duplicated for sale or for subsequent use without specific agreement and the payment of any applicable fees.
3. The applicant agrees to indemnify and hold harmless the Charleston Library Society, its Board of Trustees, officers, employees, agents, members and volunteers for all claims and damages (including all legal fees and disbursements and other professional fees howsoever arising, directly or indirectly, under the agreement.

Signature of Applicant _____

Date _____

Method of payment: _____ Check _____ Credit Card (Visa/MC)

Credit Card Number _____ Expires: _____

Name as on Card: _____

Signature: _____ Date: _____

Staff Initials:

Date:

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