Permission to Publish

Fisk University, John Hope and Aurelia E. Franklin Library, Special Collections 1000 17th Avenue North, Nashville, TN 37208 Phone 615.329.8646 Fax 615.329.8761

PLEASE PRINT	
Name:	
Company/Institution	
Street Address City State Zip code	
Phone Fax Email	
I, the undersigned, hereby request permission to quote from and pub	lish the following item(s) according to this agreement.
Title of document:	
Date:	
Pages:	
Description:	
Publisher of intended work:	
Expected date of Publication:	
Credits Manuscripts: You agree to use the credit, Fisk University, John Hope and Aure name, box number and folder number, if available]. (Example-Fisk University, W. E. B. Du Bois Collection, , box 7, folder 5) Images: You agree to use the credit Fisk University, John Hope and Aurelia E. Fran filename, if available]. (Example-Fisk University, John Hope and Aurelia E. Fran	John Hope and Aurelia E. Franklin Library, Special Collections, Franklin Library, Special Collections, [plus collection name and
Applicant Signature	Date
Library Approval	Date

Form 06 3/20/2013