



Date:____

Permission to Publish

١	P	1	i	h	ı	ic	a	ıt	ic	ור	n	5	a	n	c	\overline{C}		า	n	ıt	2	a	-	f	h	'n	fc	5	r	m	12	a	fi	0	ır	า
ı		٠.	л.	u	ч	ıv	,	u	ш	JI		- C	λI		ν.	 •	,,	J		ш	c.	A١	•	L			ıv	,			10	71		u	"	-1

Publisher:
Title of Publication:
Date of Publication:
Author:
Author Email and Phone Number:
Author Address:
Author Title and Affiliation:
Item List
Subject to the following conditions, I/we, the above, request permission to use the following photograph(s) and/or document(s) from the collection of the Medical Center Archives, and/or information there from:
NB: If using photographs, please list the accession numbers (defined by a "P"), along with a description, both of which can be found in the online database at: https://library.weill.cornell.edu/archives/image-collections . Please note we are unable to give permission for items restricted by HIPAA, FERPA, or institutional PHI guidelines without IRB approval.
Conditions
1. A credit line must be included for each item that is published: "Courtesy of the Medical Center Archives of NewYork-
Presbyterian/Weill Cornell Medicine." 2. Permission will be granted for one-time, one language, worldwide, non-exclusive publication rights. 3. Permission will consist of the physical rights to the image(s) only; the applicant assumes all responsibility for any
questions of copyright. 4. All applicable fees must be paid prior to the presentation.
Confirmation of Order
I/we hereby agree to the conditions outlined above.
Signature: Date:
I hereby grant permission for usage in accordance with the conditions outlined above.

Archivist signature:_____