## Weill Cornell Medicine Medical Center Archives

# - NewYork-Presbyterian

## Permission to Publish Online

#### **Publication and Contact Information**

Website Publisher:
Website URL:
Title of Online Publication:
Date of Online 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: <u>https://library.weill.cornell.edu/archives/image-collections</u>. 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 watermarked on each item that is published online: "Courtesy of the Medical Center Archives of NewYork-Presbyterian/Weill Cornell Medicine."
- 2. Permission will be granted for one-time, one language, non-exclusive publication rights. The Medical Center Archives reserves the right to have the image removed at any time.
- 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:	Date: