



Media Permission Request Form

Date of Request: _____

Date Required: _____

Organization/Publication (*Please provide address/contact information, if different from person ordering below*):

Is this a nonprofit organization? _____

Purpose: _____

Items Requested (*Please be specific*):

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Format, Resolution, Size, etc.: _____

(*Photos: jpg, tiff, gif, 72dpi, 200dpi, 300dpi, measurements in inches, ie 4"x5."*) (*Text: text file, word file, pdf, etc.*)

Requestor:

Name: _____

Organization/Company: _____

Address: _____

Phone: _____ Email* (*required*): _____

Please email completed form to Jules Smith at: jules.smith@tafcf.org.

Note: Permissions requests may take up to two weeks to process.