

# Photograph Exhibition Publishing Permission Request

## Applicant Information

Name

Organization (if applicable)

Email Address

Phone Number

## Photograph Details

Title of Photograph

Photographer's Name

Description

## Permission Request

Purpose of Publication

Exhibition Name

Exhibition Location

Exhibition Dates

How would you like to be credited?

## Consent

By signing below, I confirm that I am the copyright holder or have the authority to grant permission for the use of the above photograph(s) in the specified exhibition, and consent to its/their publication as described.

Signature

Date