Special Collections Scanning Request Form
The Library of The Jewish Theological Seminary

Name:

Affiliation:

Address:

City: **State:** **Zip:** **Country:**

Email: **Phone/fax:**

Requested Items: (For additional requests, please use additional forms as necessary)

Department: ☐ SRR ☐ Archive ☐ Graphics

Intials: _____ _____ _____

Please provide the call number, title, author/artist, place and date, and pages of work to be digitized:

Reason for Request (Research, publication, etc.): _____

Requested Format:

☐ Email
☐ Printout
☐ Photocopies (Archival Materials only)
☐ Microfilm
☐ Negative
☐ Photographs (Graphics/Archives)

Photo Size: _____

File Format:

☐ JPEG
☐ TIFF
☐ Other: _____

Size: ☐ _____ ppi (pixels per inch)

OR

☐ _____ X _____ inches

Color:

☐ Black and White
☐ Color RGB
☐ Color CMYK

Scanning Resolution:
(Default is 72-180 dpi)

☐ _____ dpi (dots per inch)

OR

☐ Low Quality (e.g. web use)
☐ Medium Quality
☐ High Quality (e.g. print use)

Date Submitted: _____ Date Completed: _____