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

JTS

YOUR INFORMATION

Name:

Affiliation:

Address:

City: State/Prov.:   ZIP/Postal code: Country:

Email: Phone/Fax:

REQUESTED ITEMS (For additional requests, please use additional forms as necessary)

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

Reason for the request
(research, publication, etc.):

REQUESTED FORMAT

Media:
- ☐ Email   ☐ Photocopies (Archival materials only)   ☐ Negative
- ☐ Printout   ☐ Microfilm   ☐ Photographs (Graphics/Archives)

Photo size:

File Format:
- ☐ JPEG   ☐ TIFF   ☐ Other:

File 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)

Download this form, complete, and email to **librarypermissions@jtsa.edu**

For office use only

Department:	☐ SRR	☐ Archive	☐ Graphics
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Date Submitted:	Date Completed: