**Application for Permission to Publish Archives page 1**

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| **Applicant details** | | | | | |
| Name: | | | | Phone: | |
| Position: | | | | Fax: | |
| Organisation: | | | | Email: | |
| Postal Address: | | | | | |
| **Details of proposed publication or exhibition** | | | | | |
| Author/Director/Curator: | | | Title of publication: | | |
| Publisher: | | | Print run/circulation: | | |
| Book | Video/Film | Newspaper | Exhibition | | |
| Journal | Television | Lecture | CD ROM/Internet/Website | | |
| Date of publication/exhibition: | | | Duration of exhibition: | | |
| **Declaration and applicant’s signature** | | | | | |
| 1. I agree to acknowledge the source of the archives in the form specified by Northern Territory Archives Service (see details below under Citation Details and refer to the information leaflet *Citing Archives*). 2. I understand that I may not make further reproductions without the written consent of Northern Territory Archives Service. 3. I understand that this application is for the purpose of the publication or exhibition described above, and that for any other publications or exhibitions I have to submit another application. 4. I understand that the Northern Territory Archives Service reserves the right to refuse permission to reproduce any archives. | | | | | |
| **Applicant’s signature:** | | | | | **Date:** |

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| **Full citation details for archives to be published** |
| Caption  Northern Territory Archives Service, Donor/creator, NTRS number, series description, item number |

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| **Office use only**  **Permission to publish the archives listed above granted by:** | |
| Authorising staff: | Position: |
| Signature: | Date: |