

Photography in the Art Gallery & Museum

Please ensure that this form is completed and signed by the applicant, then sent to Senior Curatorial Officer or Curatorial Officer for authorisation.

Name	
Address	
Telephone number	
e-mail address	
Institution	
Reason for photographing work	
Item to be photographed (eg: Artist's name, title of work, date)	

Accession No/s.	
Location (eg. in main gallery / temporary exhibition space / store)	
Type of photograph taken (eg. digital image / transparency)	
Approval of copyright holder obtained (please give details)	

I confirm that this/these photograph/s is/are to be used solely for the purposes given above; the copyright will be credited to the copyright holder; and ownership of the photographed items will be credited to Leamington Spa Art Gallery & Museum (Warwick District Council)

Signature of applicant

Print name

Date

Authorised by

Date