

PLEASE PRINT CLEARLY

SASSOON LIBRARY
Bayit Vegan, Jerusalem

Tel: 02-642-1448 Fax: 02-642-3060
E-mail: sassoon53@mosesnet.net

Permission Request Form

_____ First Name	_____ Family Name	_____ Address	_____ City and State
_____ Place of work/study	_____ Address	_____ City and State	
_____ Home Phone	_____ Office Phone	_____ Cell Phone	_____ ID Number

I hereby request permission from the Sassoon Family to obtain microfilmed copies of the following manuscripts from the Sassoon Collection [Please detail requested material]:

Purpose of my request [Please circle]: Research; Exhibition; Publication;
Other: _____

CONDITIONS

1. Documents, photographs, or any other publishable material may be used only for purposes written in this Permission Request Form and not for any other purpose. Any further change will require a new application.
2. Any publication using material from the Sassoon Collection must explicitly and prominently state that the material was given by the Sassoon Family.
3. No material may be handed over to a third party, in any manner, without obtaining written permission from the directors of the Sassoon Collection.
4. For every publication using material from the Sassoon Collection, four copies are to be given, gratis, to the Sassoon Family.
5. Permission for publication of material from the Sassoon Collection is for one time only; any further publication, or change of any kind, will require a new request for permission.

I have read the conditions herein and agree to comply with them in full.

Date

Signature