PA History Society, Inc. (PAHx)
Request for Materials from the Archive, Library and Museum (ALM) Collection

Name:
Telephone:
Email:
Materials Requested:

☐ **I agree to use the materials exclusively for private study, scholarship, or research, or within the bounds of fair use.**

[*If you do not **NOT** select the statement above, please complete the fields in the table below.*]

Type of use (format, publication, publisher, author, date of publication):	
Intended use	[*check box that applies]* ☐ Educational use ☐ Publication/Broadcast ☐ Exhibit ☐ Other commercial use [*explain*]:
Credit line must read:	

By my signature below, and conditioned upon PAHx's permission to use the materials, I agree to use the materials requested solely for the purposes selected above and in compliance with the attached Terms of Use for ALM Materials.

_____ _____
Signature Date

[*to be completed by PAHx*]

PAHx hereby grants use of the above listed materials for the purposes selected above.

_____ _____
Signature Date