



PO Box 17775 Seattle, WA 98127 (206) 789-8866

Email: archives@ballardhistory.org

Application for Permission

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PROJECT DESCRIPTION

Title of Project :		_____
Author/Director :	_____	Estimated release date: _____
Publisher/Production Company: _____		
Nonprofit status	-----	Nonprofit ID# _____
Student/Faculty/K-12	-----	Institution name or student ID # _____
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Format Distribution Information (please check all that apply)

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- | | |
|--|---|
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| <input type="checkbox"/> Non-broadcast video | |

Electronic, Film and Video (film, television, theatrical, video, DVD, CD-ROM and internet)

- Local distribution
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Other Uses

- | | |
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Describe alteration _____

IMAGES USED (Please list accession numbers)
