

***** IEAA Scan Request Form *****

Rules:

- 1) Scans will be saved to **your** jump/flash/thumb drive or CD. Submit *storage media clearly labeled with your name* at time of scan request.
- 2) Scan requests are limited to **10 images/pages per week, maximum.**
- 3) There is a limit of **10 images/pages per publication, maximum.**
- 4) Scans shall be made only by authorized IEAA staff, as time allows.
Expect reasonable delay of 2-3 working days.
- 5) *This form must be filled out completely. Use one form for each publication.*

Date of Request: _____ Purpose: _____

Requestor Name (please print): _____

Author: _____

Title: _____

Requested Scans:

1. Page/Plate Number: _____ Resolution (e.g. 300 dpi): _____

Format (*check 1*): tiff ___ jpeg ___ Color (*check 1*): Grayscale ___ Color ___

2. Page/Plate Number: _____ Resolution (e.g. 300 dpi): _____

Format (*check 1*): tiff ___ jpeg ___ Color (*check 1*): Grayscale ___ Color ___

3. Page/Plate Number: _____ Resolution (e.g. 300 dpi): _____

Format (*check 1*): tiff ___ jpeg ___ Color (*check 1*): Grayscale ___ Color ___

4. Page/Plate Number: _____ Resolution (e.g. 300 dpi): _____

Format (*check 1*): tiff ___ jpeg ___ Color (*check 1*): Grayscale ___ Color ___

5. Page/Plate Number: _____ Resolution (e.g. 300 dpi): _____

Format (*check 1*): tiff ___ jpeg ___ Color (*check 1*): Grayscale ___ Color ___

6. Page/Plate Number: _____ Resolution (e.g. 300 dpi): _____

Format (*check 1*): tiff ___ jpeg ___ Color (*check 1*): Grayscale ___ Color ___

IEAA Staff Name and Date

Approval

Date