



THE CLEVELAND MUSEUM OF ART

SIGNATURE

DATE

Application for permission to copy in the galleries is made by:

Name

Address

City and State

Telephone

School Affiliation

Artwork for which permission to copy is being requested:

Artist

Title

Accession number

Gallery

Days that copying will occur

Registrar's Approval

Dimensions of work to be copied (to be filled in by registrar)

Protection Services Approval
