THE WOLFSONIAN

FLORIDA INTERNATIONAL UNIVERSITY

# THE WOLFSONIAN–FIU REQUEST FOR PHOTOGRAPHIC MATERIAL

Name _____ Date _____

Institution _____ E-mail Address _____

Address _____

City _____ State _____ Country _____ Zip Code _____

Phone Number _____ Fax Number _____

Needed by _____

**PURPOSE:**

❑ Reproduction (if so, list publication and publisher below, as well as a short description of the project)

❑ Research ❑ Web Usage (please list website below) ❑ Other (list below)

| Accession Number | Artist Name | Title of Work | Type of Work | Media Requested | Color/B&W |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |