

CHICAGO HISTORY MUSEUM – RIGHTS & REPRODUCTIONS IMAGE REPRODUCTION REQUEST FORM

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CONTACT INFORMATION

Name:

Organization/Company (if applicable):

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IMAGE REQUEST

Provide a brief description of the image(s) and information about where you found it in our collections. Include any identifiers that begin with ICHi, DN, SDN, or HB. These identifiers may be found on the materials or in the ARCHIE record, though not all materials in the collection will have these identifiers.

Storage location information that we require to retrieve the materials includes collection title, call number/accession number, box number, folder number/subject, and creator name.

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STATEMENT OF USE

Provide us with information about how you intend to use the materials you selected. Refer to our Image Fee Schedule for categories of use and cost estimates that may be associated with your request.

VISUAL FORMAT

We will provide you with a digital file suitable for standard printing at a minimum of 3000 pixels on the longest side or the best existing digital file.

CONTACT INFORMATION

The completed form can be dropped off in the Research Center, emailed, faxed, or mailed. Our mailing address is Chicago History Museum, Rights and Reproductions, 1601 North Clark Street, Chicago, Illinois, 60614 and we can be reached by fax at 312-266-2076.

Due to the large volume of requests we receive, Rights and Reproductions cannot accept phone calls. Questions can be emailed to us at rightsrepro@chicagohistory.org.