Weill Cornell Medicine
Medical Center Archives

NewYork-Presbyterian

Permission for Film/Video Production

Production Information

Producer:_____

Director:_____

Title of Production:_____

Date:_____

Contact Information

Name:_____

Email and Phone Number:_____

Address:_____

Title and Affiliation:_____

Item List

Subject to the following conditions, I/we, the above, request permission to use the following materials from the collection of the Medical Center Archives, and/or information there from:

NB: If using photographs, please list the local identifier number (defined by a "P"), along with a description, both of which can be found in the online database at: https://library.weill.cornell.edu/archives/image-collections. Please note we are unable to give permission for items restricted by HIPAA, FERPA, or institutional PHI guidelines without IRB approval.

Conditions

1. A credit line must be included with the production credits: "Courtesy of the Medical Center Archives of NewYork-Presbyterian/Weill Cornell Medicine."
2. Permission will be granted for one-time, one language, worldwide, non-exclusive publication rights.
3. Permission will consist of the physical rights to the image(s) only; the applicant assumes all responsibility for any questions of copyright.
4. All applicable fees must be paid prior to the presentation.

Confirmation of Order

I/we hereby agree to the conditions outlined above.

Signature:_____ Date:_____

I hereby grant permission for usage in accordance with the conditions outlined above.

Archivist signature:_____ Date:_____