COPYRIGHT SUBMISSION FORM

I hereby grant to Wright State University a non-exclusive license to copy, display, distribute and publish images of the material described below (the “Work”), which I am submitting to the Wright State University Department of Art and Art History Visual Resource Center Collection. The University may make the Work available in any format in perpetuity in any University communication or distribution effort, provided that attribution is included. As the copyright owner of the Work, I will retain all copyrights in the Work other than this non-exclusive license grant.

Object/Image Title: ________________________________________________________________

Medium:________________________________________________________________________

Date created:____________________________________________________________________

Subject:________________________________________________________________________

Dimensions:_______________________________________________________________________

Course #:________________________________________________________________________

Description of Artwork:________________________________________________________________________

__________________________________________________________________________________________

I certify that no other individual or parties hold copyright interest in the Work, the Work is original, and I have the right to grant this license.

Name (please print):_____________________________________________________________________

Street Address:_________________________________________________________________________

City:__________________________________________ State: ______ Zip:___________________________

E-mail Address:________________________________________________________________________

Signature:________________________________________ Date:___________________________

VRC USE ONLY: Record Number________________________ File Name___________________________

Photographer________________________________________ Date Photographed________________________