

**John F. Kennedy Library Foundation
Kennedy Family Collection
Licensing Request Form**

Date of Application: _____

Name: _____

Title: _____

Organization: _____

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(1): _____

Address
(2): _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

Organization Website: _____

Kennedy Family Collection Photo(s) Requested:

(Please Use Accession Number for Each Photo, i.e. KFCxxxN)

1) _____

6) _____

2) _____

7) _____

3) _____

8) _____

4) _____

9) _____

5) _____

10) _____

Describe how Photo(s) will be used (Statement of Intended Use):

Books:

Wrap around cover _____
Front jacket cover _____
Back jacket cover _____
Inside jacket cover/end paper _____
Photo Insert _____

Magazines:

Front cover _____
Inside photo spread _____
Story illustration _____

Television/Documentary/Web/Other (Please Describe): _____

Title of Publication/Production: _____

Publishing/Production Company _____

Date of Publication: _____ Print Run: _____

Name of Kennedy Library Audiovisual Archivist with whom you have been working:

Please complete and fax or mail to:

Kennedy Family Collection Photo Licensing
John F. Kennedy Library Foundation
Columbia Point
Boston, MA 02125
Fax: 617-436-3395