

**Kennedy Family Collection
Licensing Request Form**

Today's Date _____

Name _____

Organization _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip/Postal Code _____

Country _____

Telephone _____ Cell Phone _____

Email _____

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):

JOHN F. KENNEDY
LIBRARY FOUNDATION

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 _____

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

Please complete and fax, email or mail to:

Kennedy Family Collection Photo Licensing
John F. Kennedy Library Foundation
Columbia Point
Boston, MA 02125
Fax: 617-514-1573

Jennifer.Quan@JFKLFoundation.org