

## REPRODUCTION REQUEST FORM

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If you are a teacher or student, is your school a Gilder Lehrman Affiliate School? Y\_\_\_\_ N\_\_\_\_

If yes, School Name \_\_\_\_\_ School State \_\_\_\_\_ School Zip \_\_\_\_\_

Use this form to request **color** or **black-and-white PDFs** or **high-resolution TIFF files**. Please consult the fee schedule for more information. Do NOT send payment with your form; we will invoice you upon receipt of your request.

GLC Number	Description	Format	Quantity

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