

United States Department of the Interior

National Park Service

Thomas Edison National Historical Park

Audio Recording Duplication Request Form

Name: _____

Affiliation: _____

Address: _____

Telephone: _____ E-mail: _____

Reason for request of audio recording(s): _____

Publication plans (publisher, type of publication, date): _____

Audio format wanted (media or file type, resolution, etc.): _____

Describe any special technical needs: _____

Recording(s) requested: _____

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Signature: _____

Date: _____