

OLD DOMINION UNIVERSITY FINE ARTS LOAN AGREEMENT

This form must be on file in the Office of Risk Management one (1) week prior to receiving the art.

[Empty rectangular boxes for additional information]

LENDER INFORMATION

Name of Lender: [Empty text box]

Address of Lender: [Empty text box]

Lender's Phone and Fax: [Empty text box]

Contact name and address for copyright clearance:

[Large empty rectangular box for contact name and address]

ARTIST/WORK INFORMATION (For additional works, use the attached FORM):

Artist's Name: [Empty text box]

Date of Work:

Title of Work: [Empty text box]

Value of Work: [Empty text box]

Dimensions: Height: [Empty text box]

Width: [Empty text box]

Depth:

Weight:

Medium:

Photographs Provided: Yes NO Permission to Reproduce Photos: Yes No

ARTIST/WORK INFORMATION (ADDITIONAL FORM):

Artist's Name: Date of Work:

Title of Work: Value of Work:

Dimensions: Height: Width: Depth: Weight:

Medium:

Photographs Provided: Yes NO Permission to Reproduce Photos: Yes No

ARTIST/WORK INFORMATION (For additional works, use the attached FORM):

Artist's Name: Date of Work:

Title of Work: Value of Work:

Dimensions: Height: Width: Depth: Weight:

Medium:

Photographs Provided: Yes NO Permission to Reproduce Photos: Yes No

ARTIST/WORK INFORMATION (For additional works, use the attached FORM):

Artist's Name: Date of Work:

Title of Work: Value of Work:

Dimensions: Height: Width: Depth: Weight:

Medium:

Photographs Provided: Yes NO Permission to Reproduce Photos: Yes No