

DOUGLAS COLLEGE DIGITIZATION/SCANNING REQUEST

CONTACT INFORMATION

First name:		Last Name:	Date:	Date:	
Organization:		Email:	Phone:	Phone:	
Street:		City:	Prov:	Postal code:	
DE					
IN	ΓENDED USE				
	Research (academic researc	h and school projects, priva	ite study, or internal college	activities)	
	Non-research use (commercial use, publication, exhibition/displays, online sharing, and more)				