

# Cushing Memorial Library and Archives

## Scanning Guidelines

Cushing Memorial Library and Archives provides digital scanning services. All scanning requests will be assessed by Public Services Staff, and possibly curatorial staff. Fulfillment of requests may be limited based on the physical condition of the material, copyright restrictions, and/or donor agreements. The decision to permit or prohibit scanning of any material is at the sole discretion of the Cushing Memorial Library and Archives.

There is a minimum of 3 business days for all requests. While we strive to complete scanning requests as efficiently as possible, fulfillment of scanning requests may take longer depending on other ongoing requests as well as the availability and condition of materials.

The following table suggests guidelines for the amount of time to fulfill scanning requests:

Number of Pages Requested Within One Month	Length of Time to Fulfill Request, If:	
	Material is in Good Condition	Material is Fragile/Oversized
0 - 10 items	Up to 3 Business Days	Up to 5 Business Days
10 - 20 items	Up to 7 Business Days	Up to 9 Business Days
20 - 40 items	Up to 14 Calendar Days	Up to 18 Calendar Days
40 - 100 items	Up to 21 Calendar Days	Up to 28 Calendar Days
100+ items	30+ Calendar Days	Over 40 Calendar Days

For more information about our scanning services, please contact the Public Services Staff:  
979-845-9359 | [CushingReference@library.tamu.edu](mailto:CushingReference@library.tamu.edu)



# Duplication Request Form

Cushing Memorial Library & Archives

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dept./Co.: \_\_\_\_\_

Phone: (     )     

Fax: (     )     

Email: \_\_\_\_\_

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### Office Use Only

Charges  
Amount Scanned:  
Fee: \$  
Tax: \$  
Total: \$ \_\_\_\_\_

Form Sent Down for Payment  
**Date**                      **Initials**

Patron Contacted for Payment  
**Date**                      **Initials**

Payment Received/Confirmed  
**Date**                      **Initials**

Request Complete  
**Date**                      **Initials**

Method of Delivery  
**Filex/Email**            **Mail**            **Pick-up**

### Office Use Only

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTIFICATION TO PUBLISH**

**of**

**CUSHING MEMORIAL LIBRARY AND ARCHIVES**

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Agreement: By signing you have read and understand the Notification to Publish of Cushing Memorial Library and agree to abide by all statements therein.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)