**FOIA Number:** 2018-0764-F

# FOIA MARKER

**This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.**

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**Collection/Record Group:** Clinton Presidential Records

**Subgroup/Office of Origin:** National AIDS Policy Office

**Series/Staff Member:** Sandra Thurman

**Subseries:**

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**OA/ID Number:** 40014

**FolderID:**

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**Folder Title:**
Admin - Forms - Photo Request

| Stack: | Row: | Section: | Shelf: | Position: |
|---|---|---|---|---|
| S | 66 | 5 | 11 | 3 |

# PERSONAL PHOTO REQUEST FORM

**FOR STAFF, INTERNS, AND VOLUNTEERS**

**As a reminder,** most event pictures, receiving lines, and one-on-one photos with the President are automatically ordered by the White House Photographers.

If you had a one-on-one photo with President Clinton or Mrs. Clinton, please fill out this form completely and attach a photo of yourself for identification purposes, or simply photocopy your pass in the space above.

**Date of Meeting:** _____

**Location** (be specific): _____

**Event:** _____

**Your Name:** _____

**Detailed Physical Description** (including attire): _____

_____

_____

**Where you would like your photo sent:** _____

_____

_____

**Home or work phone:** _____

Submit completed forms to Room 475, OEOB *Please allow 4 to 8 weeks for delivery*

## PHOTO OFFICE USE ONLY

Contact Sheet Status: _____ ❑ Color ❑ B&W

Roll: _____ Frame: _____ Size: _____ Quantity: _____ Borders: _____

Remarks: _____

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# PHOTO INSCRIPTION

## STAFF REQUEST FORM

To: Administrative Assistant/Photos, Room 94, Ext. 67610

From _____ Room _____ Ext. _____ Date _____

*Check One:*

❑ **Photo Attached** or choose from: ❑ **The President** ❑ **First Lady** ❑ **First Couple**

**Is a lithograph** *(less expensive photo)* **suitable for this request?** ❑ **YES** ❑ **NO**

❑ **Return to originating office**
❑ **Mail** *(you must attach typed mailing label)*

**To be signed by:** ❑ **President** ❑ **First Lady**
❑ **Both** *(first couple only)*

**For records purposes, please provide the name and address of who this photo is to be inscribed to:**

**Name** _____

**Organization** _____

**Address** _____

**City/State/Zip** _____

**Inscribe to (PLEASE TYPE)** _____

**Message:** ❑ **Best Wishes** ❑ **With Appreciation** ❑ **Congratulations** ❑ **Happy Birthday** ❑ **Happy Anniversary**


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**Your Name:** _____

**Detailed Physical Description** (including attire): _____

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**Where you would like your photo sent:** _____

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**Home or work phone:** _____

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Contact Sheet Status: _____ ❑ Color ❑ B&W

Roll: _____ Frame: _____ Size: _____ Quantity: _____ Borders: _____

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# PHOTO INSCRIPTION

**STAFF REQUEST FORM**

To: Administrative Assistant/Photos, Room 94, Ext. 67610

From Sandra Thurman Room 736 Jackson Pl. Ext. 6-2959 Date 12/28/00

*Check One:*

☑ **Photo Attached** or choose from: ☐ **The President** ☐ **First Lady** ☐ **First Couple**

**Is a lithograph** *(less expensive photo)* **suitable for this request?** ☐ **YES** ☐ **NO**

☑ **Return to originating office**
☐ **Mail** *(you must attach typed mailing label)*

**To be signed by:** ☑ **President** ☐ **First Lady** ☐ **Both** *(first couple only)*

**For records purposes, please provide the name and address of who this photo is to be inscribed to:**

**Name** _____

**Organization** ONAP (AIDS Policy)

**Address** 736 Jackson Place NW

**City/State/Zip** _____

**Inscribe to (PLEASE TYPE)** _____

**Message:** ☐ **Best Wishes** ☑ **With Appreciation** ☐ **Congratulations** ☐ **Happy Birthday** ☐ **Happy Anniversary**

---


# PHOTO INSCRIPTION

**STAFF REQUEST FORM**

To: Administrative Assistant/Photos, Room 94, Ext. 67610

From Sandra Thurman Room 736 Jackson Pl. Ext. 6-2959 Date 12/28/00

*Check One:*

☑ **Photo Attached** or choose from: ☐ **The President** ☐ **First Lady** ☐ **First Couple**

**Is a lithograph** *(less expensive photo)* **suitable for this request?** ☐ **YES** ☐ **NO**

☑ **Return to originating office**
☐ **Mail** *(you must attach typed mailing label)*

**To be signed by:** ☑ **President** ☐ **First Lady** ☐ **Both** *(first couple only)*

**For records purposes, please provide the name and address of who this photo is to be inscribed to:**

**Name** _____

**Organization** ONAP (AIDS Policy)

**Address** 736 Jackson Place, NW

**City/State/Zip** _____

**Inscribe to (PLEASE TYPE)** _____

**Message:** ☐ **Best Wishes** ☑ **With Appreciation** ☐ **Congratulations** ☐ **Happy Birthday** ☐ **Happy Anniversary**

# PHOTO INSCRIPTION

**STAFF REQUEST FORM**

To: Administrative Assistant/Photos, Room 94, Ext. 67610

From Sandra Thurman Room 736 Jackson Pl. Ext. 6-2959 Date 12/28/00

*Check One:*

☑ **Photo Attached** or choose from: ☐ **The President** ☐ **First Lady** ☐ **First Couple**

**Is a lithograph** *(less expensive photo)* **suitable for this request?** ☐ **YES** ☐ **NO**

☑ **Return to originating office**
☐ **Mail** *(you must attach typed mailing label)*

**To be signed by:** ☑ **President** ☐ **First Lady** ☐ **Both** *(first couple only)*

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**Name** _____

**Organization** ONAP (AIDS Policy)

**Address** 736 Jackson Place, NW

**City/State/Zip** _____

**Inscribe to (PLEASE TYPE)** _____

**Message:** ☐ **Best Wishes** ☑ **With Appreciation** ☐ **Congratulations** ☐ **Happy Birthday** ☐ **Happy Anniversary**


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From Sandra Thurman Room 736 Jackson Pl. Ext. 6-2959 Date 12/28/00

*Check One:*

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**Is a lithograph** *(less expensive photo)* **suitable for this request?** ☐ **YES** ☐ **NO**

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☐ **Mail** *(you must attach typed mailing label)*

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**Inscribe to (PLEASE TYPE)** _____

**Message:** ☐ **Best Wishes** ☑ **With Appreciation** ☐ **Congratulations** ☐ **Happy Birthday** ☐ **Happy Anniversary**

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**Message:** ☐ **Best Wishes** ☑ **With Appreciation** ☐ **Congratulations** ☐ **Happy Birthday** ☐ **Happy Anniversary**


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