

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40014
FolderID:

Folder Title:
Admin - Forms - Photo Request

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

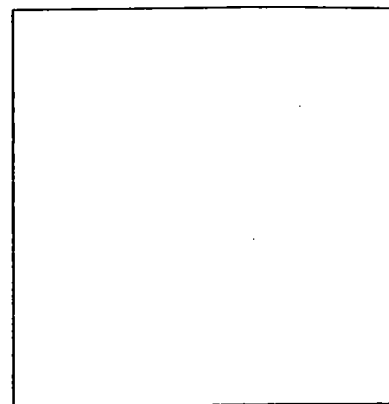


PERSONAL PHOTO REQUEST FORM

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, OE0B *Please allow 4 to 8 weeks for delivery*

PHOTO OFFICE USE ONLY

Contact Sheet Status: _____

☐ Color

☐ B&W

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

Remarks: _____



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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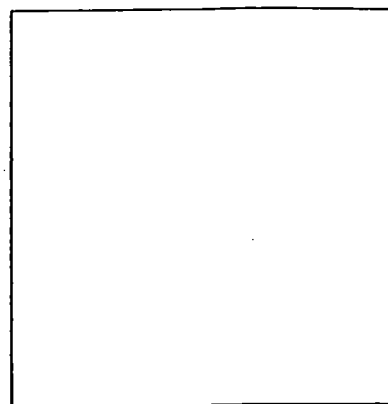


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Roll: _____ Frame: _____ Size: _____ Quantity: _____ Borders: _____

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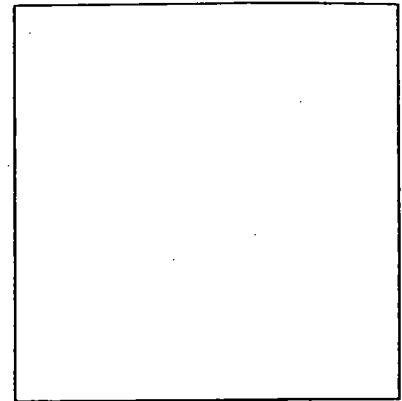


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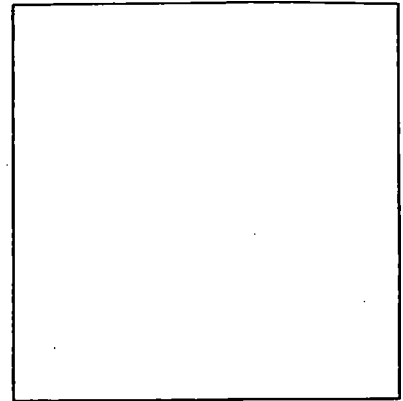


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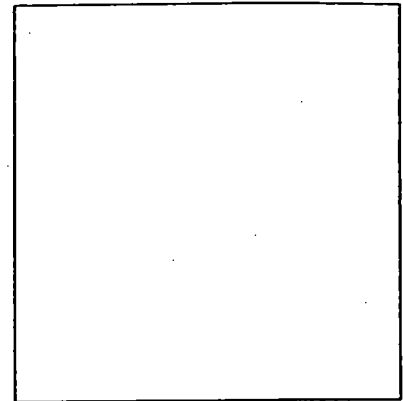


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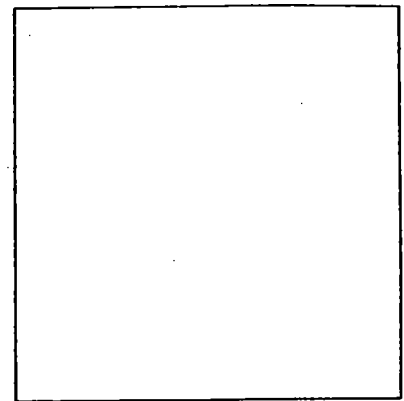


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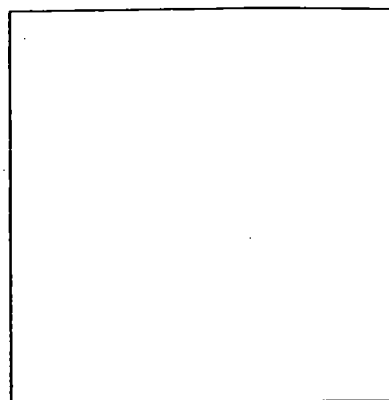


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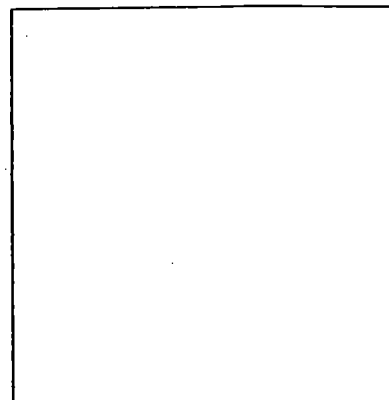


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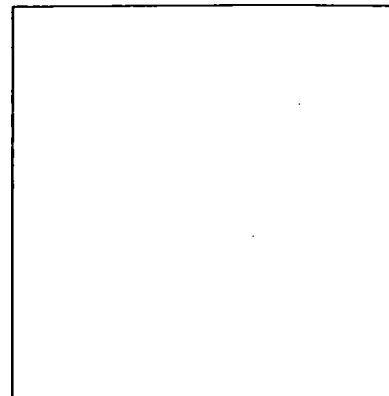


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PHOTO INSCRIPTION

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 _____

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Check One:

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

☒ Return to originating office
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