Permission Request Form
For Classroom/Course Use

Type of use

☐ Non-Profit ☐ For-Profit

For faster processing, please complete all sections that are relevant to your request.

Request For Permission Of: ☐ **Print Materials** ☐ **Digital/Electronic Delivery** **Date:** _____

To rightsholder: _____
Contact name: _____
Address: _____
_____
City/St/Zip Code: _____
Telephone: _____
Fax: _____
Email: _____

Professor's name: _____
Full school name: _____
Address: _____
_____
City/St/Zip Code: _____
Telephone: _____
Fax: _____
Email: _____
Course name: _____
Term starting date: _____
Term ending date: _____
Number of students: _____

From organization: _____
Contact name: _____
Address: _____
_____
City/St/Zip Code: _____
Telephone: _____
Fax: _____
Email: _____
CCC Account #: _____
Document Ref.#: _____
Accounting Ref.#: _____

Requester's name (if different than professor's):
_____
Address: _____
_____
City/St/Zip Code: _____
Telephone: _____
Fax: _____
Email: _____
Comments: _____

Permission is requested for the following works:

Book/Title: _____
Author: _____
Publisher/rightsholder: _____
ISBN/ISSN: _____
Edition: _____

Copyright year (4 digit): _____
Page # From: _____ To: _____ Chapter(s): _____
Photographs and page #: _____
Illustration and figure #: _____
Number of copies or units to be reproduced: _____

What format will the material be distributed in? (Please check all that are applicable)

I prefer ☐ Print ☐ CD-Rom ☐ Internet ☐ Intranet ☐ Campus ☐ Network
☐ Closed Circuit Broadcast ☐ Satellite Transmission
☐ Other, please explain _____

For Non-printed materials:

Position of material: _____ URL: _____
Length of segment for audio/video tracking: _____ Other reference data: _____

For electronic/digital delivery permission please continue on next page

Who will access information?

☐ Students ☐ Staff ☐ Others, please explain: _____

Number of persons having access: _____

What will be the source of the material you intend to use?

☐ Scanned Images ☐ Re-typed Text ☐ Electronic Files

☐ Other, please explain: _____

What format will the material reside in?

☐ PowerPoint Slides ☐ Scanned Images ☐ Text Based ☐ Interactive Program ☐ Digitized Audio

☐ Other, please explain: _____

Will the content reside on a server? ☐ Yes ☐ No

If yes, provide name of server owner: _____

URL address where content will appear: _____

Will this URL be linked to other URL's? ☐ Yes ☐ No

If yes, please give URL(s) of linked web sites: _____

Will access be restricted? ☐ Yes ☐ No

If yes, please provide password: _____

How long will the material be posted to this URL? _____

Name of person who will be creating the electronic product, web site, etc.: _____

Will the end user be able to modify the original material? ☐ Yes ☐ No

If yes, please explain: _____

Name of person that will be signing the license: _____

Address: _____

City/St/Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

Are you planning on archiving the material after posting? ☐ Yes ☐ No

If yes, for how long: _____

Who will have access to the archived material? _____

Please give URL and password: _____

Will the textbook be adopted? ☐ Yes ☐ No

Will users be required to purchase the textbook? ☐ Yes ☐ No

Optional Information:

Will the material serve as a supplement to a class offered on campus? ☐ Yes ☐ No

Will it replace a class offered on campus? ☐ Yes ☐ No

Will the materials be used alone as a reference tool? ☐ Yes ☐ No

Combined with other materials? ☐ Yes ☐ No

Will the class be "sold" as a product to other schools or universities? ☐ Yes ☐ No

What type of platform is being used to create and display the material?

☐ Macromedia Authorware ☐ Microsoft Front Page ☐ Adobe PageMill ☐ Macromedia Dreamweaver

☐ Other? Please explain: _____