

REQUEST FOR PERMISSION TO COPY AUDIOVISUAL MATERIAL

Date: _____

Dear Permissions Department:

I request permission to photocopy the following audiovisual materials for use in my classes:

Title: _____

Producer: _____

Year: _____

Format: _____

Number of Copies: _____

For Use In: Class Title: _____ Semester: _____

Year: _____ Ongoing Use

Library Reserve Use: _____ Yes _____ No

In-Class Distribution to Students: _____ Yes _____ No

To be used with other audiovisual materials? _____ Yes _____ No

Anticipated date of first use: _____

Thank you for your cooperation. I enclose a self-addressed stamped envelope for your convenience in replying to this request.

Sincerely,

Name: _____

Title: _____

Department: _____

Phone: _____

OWNER'S OR PRODUCER'S REPLY:

Title: _____

Permission granted

Permission denied

Name: _____ Title: _____

Conditions or details: _____

Signature: _____

Date: _____