



College of Southern Idaho
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Permission Request Form

Request Number: _____ Request Date: _____
Organization in the name of which this request is submitted: **College of Southern Idaho**
Full name of person making the request: _____
Title of the person making the request: _____
Department: _____
Phone: _____ Fax _____ E-mail _____

Signature of requestor: _____

Request permission to use, copy, display or perform the following copyrighted materials (author, title, edition, date, material(s) format, pages, etc.):

Use of material(s) – include all necessary information such as:

- copying method (scanned, digitized, photocopied, etc.)
- distribution method (hard copy handouts, e-mail, CD-ROM, Web site, republication in a textbook, journal or other publication, etc.)
- the manner in which the material will be displayed or performed
- the exact setting or environment in which the copyrighted work will be used (traditional classroom, online course, professional conference, presentation, etc.)
- how the material will be used

Non-commercial/Educational use Commercial use
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Cost to audience (distributed free, etc.): _____
Modifications (if any): _____

Additional comments:

Two copies of this form are being sent. If you will grant permission, please fill out the bottom portion of this form, sign, and return one copy in the self-addressed stamped envelope. The other copy can be retained for your records. If you do not have the authority to grant permission, but you know the individual or organization who has the legal right to do so, please forward this form to them.

Thank you very much.

Sincerely,

COPYRIGHT HOLDER'S REPLY

REQUEST NR: _____

CONFIRMING AUTHORITY TO GRANT PERMISSION:

I hereby warrant that I am the sole owner of the Work; that the Work does not infringe on any copyright; and I have full power and authority to grant permission for the purposes described in this form;

I hereby _____ GRANT _____ DENY permission.

Details (includes fees, limitations, etc, if any):

Full name: _____

Title: _____ Signature: _____ Date: _____