



Reprint Permission Request Form

Contact Information

Date:			
Name:			
Company:			
Address:			
City, State, Zip			
Phone:		Fax:	
Email:			
Preferred contact method:	Email <input type="checkbox"/>	Fax <input type="checkbox"/>	Phone <input type="checkbox"/> Letter <input type="checkbox"/>

Material Being Requested

Name of Book:	
Original Author of Book:	
Editor of Book (if known):	
If part of a collection, Title of specific chapter or article requested:	
If part of a collection, Author of Specific article or section requested:	
Selection Identification (page numbers of where the material is printed):	

Use

Type:	Commercial <input type="checkbox"/>	Academic <input type="checkbox"/>	Translation <input type="checkbox"/>
Please provide a brief statement your proposed use of this material:			

Academic Use

Title of course:	
Instructor name:	
Dates for course:	
Approximate percentage of the entire course materials this selection will compose:	

Commercial Reprint and Translation Use

Brief Company Overview:			
Title of publication:			
Author/Editor:			
Publisher:		Proposed Pub. Date:	
Format and Price:	HB \$	PB \$	Web \$
Distribution:		Language:	