

Sacred Heart University

Copyright Clearance Form

I have been granted permission to utilize:

Print Materials ☐

Digital/Electronic Media ☐

I have read and understand all applicable terms of copyright law. I have been granted permission from _____ dated _____. If I have not been properly approved by said party, I will accept sole responsibility for any copyright infringement(s). Sacred Heart University and/or its Information Technology Department will not be held accountable for any violation(s).

Signature: _____

Date: _____

Requested Material (Required):

Title: _____

What format will the information be delivered in?

Author: _____

Rightsholder: _____

Print ☐

CD ☐

DVD ☐

VHS ☐

Copyright year: _____

Number of Copies Requested: _____

Internet ☐ Other ☐ _____

Who will have access to the material?

Students ☐

Staff ☐

Other ☐ _____

Have you been granted **limited** use for this material? If so, please indicated the expiration date.

No, my use is unlimited ☐

Yes, my use is limited ☐

Expiration Date: / /

Contact Information (Required):

Name: _____

Department: _____

Phone: _____

Email: _____

I have truthfully completed the form above. By signing this document I have agreed to all terms and conditions listed by Sacred Heart University, Federal Copyright Laws, said Rightsholder and all other applicable parties involved in the duplication of said materials.

Signature: _____

Date: _____