

AHS Official Use		
Date Received (yyyy-Mon-dd)		

Copyright Permission Request

Please provide as much information as you can to help us process your request. Submit the completed Copyright Permission Request form to <u>copyright@ahs.ca</u>.

Copyright i Chinission request form to <u>copyright@ans.oa</u> .			
Legal name of organization making request			
Name of requester		Title	
Phone number	Email address		
Title of the work for which permission is being requested			
Author (could be a department; program of AHS etc)			
URL (if online resource)			
Publication year (yyyy)		Publisher	
ISSN (if applicable)		ISBN (if applicable)	
Intended/Proposed use of the material (choose all that apply) ☐ Staff training and development ☐ Patient education ☐ Research ☐ Commercial Textbook ☐ Other			
Do you intend to modify or adapt the material? ☐ No ☐ Yes, please provide details of how you intend to modify or adapt the material			
Format material will be used (choose all that apply) ☐ Online on my organization's internal website ☐ Online on my organization's external website ☐ Print format ☐ Other			
Length of time material will be used ☐ 1-2 years ☐ 3-5 years ☐ Other			
,			

20716 (Rev2017-03)