

## SAMPLE COPYRIGHT PERMISSION LETTER

[Date]

[Name and address of copyright holder indicated in copyright notice]

Dear \_\_\_\_\_:

I am a professor of \_\_\_\_\_ at the Medical College of Wisconsin.

May I have permission to copy the following for use in my course entitled

\_\_\_\_\_

For semester(s): from \_\_\_\_\_ to \_\_\_\_\_

Title of Work: \_\_\_\_\_

Edition or Date: \_\_\_\_\_

Author(s): \_\_\_\_\_

Copyright: \_\_\_\_\_

Portions(s) of work to be used: \_\_\_\_\_

[Describe specifically by pages, sections, chapters, etc.]

Method of display or use: \_\_\_\_\_

[multiple classroom copies, overheads, reserve, coursepack, electronic (restricted access), education viewing (with no fees), performance]

Your contribution will have your copyright notice and will receive credit in the following form: "[Duplicate precisely existing copyright notice on work to be used.] Reprinted by permission of [name of copyright holder] from [title, edition, author, publisher and date of work used.]" If you would like credit in some other form, please indicate the form of credit you would like in the space provided in the attached CONSENT GRANTED FORM.

While I believe my use of this material as described above will be "fair use", in the interest of greater certainty I would appreciate your consent.

Please indicate your consent by signing the attached CONSENT GRANTED FORM. Also, please use the appropriate spaces at the end of that form to indicate the name and address of any other person whose consent might be required.

I have enclosed a self-addressed envelope for your convenience in replying to this request. Your response by \_\_\_\_\_ (date) would be most appreciated.

Sincerely yours,

Name of Professor  
Title

Enclosure

## CONSENT GRANTED FORM

[Legal name of copyright holder]

By: \_\_\_\_\_  
[Signature]

Name: \_\_\_\_\_  
[Please print]

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Alternative form of credit requested: \_\_\_\_\_

\_\_\_\_\_

Other persons to contact for consent:

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Permission Granted for Dates: from \_\_\_\_\_ to \_\_\_\_\_