

CLASS READERS

	Semester _____
	Year _____
Course Name _____	Course Number _____
Instructor's Name _____	Department _____
Number of students _____	Campus Address _____
Is course material required? _____	Office Phone # _____
Is this material on reserve? _____	Home Phone # _____
Date course material is needed _____	Email _____
Is this material a reorder from previous semester <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, which semester/year _____	

OPTION A

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The materials to be copied, as identified above, are for classroom use of no more than one copy per student and are to be used solely for non-profit, non-commercial, educational purposes in teaching activities. If such copies were not available, I would not require students to purchase the work.

- Obtaining permission takes time. We may need six weeks to obtain permission from some publishers.
- Information required: Publisher, Author, Title, and Copyright dates.

Signed _____ Date _____

OPTION B

Undersigned certifies that all materials presented for reproduction are permissible for copying in accordance with section 107 of the Copyright Revision Bill or that any permission required has been obtained.

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Signed _____ Date _____

Course Material taken by _____

Special Instructions

- | | |
|---------------------------------------|-----------------------------------|
| Single Sided <input type="checkbox"/> | Collated <input type="checkbox"/> |
| Double Sided <input type="checkbox"/> | Bound <input type="checkbox"/> |
| 3-H-D <input type="checkbox"/> | Cover <input type="checkbox"/> |
| Stapled <input type="checkbox"/> | Color _____ |

Instructor Copy(s) _____

Hold for pickup _____

Deliver to campus _____

Retain for next semester _____

COPY PRICE _____

BINDING _____

ROYALTY _____

TOTAL _____