

**Internal Request for Authorization
To Duplicate Copyrighted Material**

Eagle County School District
Box 740
Eagle, CO 81631

DATE: _____

TO: (Firm) _____
(Address) _____

FROM: _____
(School) _____
(Phone No.) _____
(Requester) _____

We are requesting authorization to duplicate the following copyrighted materials:

Title _____
Author _____
Subject _____
Medium _____
Rationale _____

Number of copies: _____

Copy medium: _____

Use of copies: _____

Anticipated date of first use: _____

Distribution of copies: _____

PRODUCER REPLY:

Permission: GRANTED DENIED

Details/Restrictions:

Signature _____
Title _____ Date _____