# PERMISSIONS REQUEST FORM – ACADEMIC COURSEPACK USE

Please complete as much information as possible. We will evaluate your request only if all relevant areas are filled out completely. Please allow 2-4 weeks for processing your request.

|  |  |  |
| --- | --- | --- |
| Date submitted  |  |  |
|  YOUR DETAILS |
| Name  |  |  |
| Company  |  |  |
| Address |  |  |
| Phone number  |  |  |
| Fax number |  |  |
| Email address |  |  |
| Your reference / PO # |  |  |
| Is this the correct invoicing address? |  | Yes [ ]  No [ ]  |
| If no, please give invoicing details |  |  |
| THE WORK YOU SEEK PERMISSION TO USE |
| Title of the book |  |  |
| Author |  |  |
| Page reference |  |  |
| ISBN / Publication date / Publisher |  |  |
| Any other information that will help us identify the material |  |  |
| COURSE INFORMATION |
| Name of school |  |  |
| Professor |  |  |
| Course Name / Number |  |  |
| # of students enrolled in class |  |  |
| Term |  |  |
| Format |  | Photocopy [ ]  Electronic reserve [ ]  |

Please save a copy on your computer and e-mail it to permissions@groveatlantic.com

Alternatively, you can print this form and fax it to 212.614.7886

We will send you an invoice agreement once we have all relevant information.