

Oklahoma Department of Corrections Request for Use of Copyrighted Material

Staff or Volunteer submitting request: _____ Date: _____
(First Name, Last Name)

Address: _____ Phone Number: _____
(Street Address, City, State, Zip Code)

Alternate Phone Number: _____ E-Mail Address: _____

Facility: _____ Sponsor Organization (if any): _____

Type of copyrighted material (check one): Print Video Audio

Name of copyrighted material: _____

Copyright holder: _____

Address: _____ Phone Number: _____
(Street Address or PO Box, City, State, Zip Code)

Website: _____ E-Mail Address: _____

Purpose for use of copyrighted material: _____

If used as part of an offender program or religious service, describe programmatic or religious value of copyrighted material: _____

Copyright permission granted to: _____

Date: _____ Copyright permission time period: _____
(month/day/year to month/day/year)

Location: _____
(if granted for specific location or type)

The facility must submit a copy of the document granting copyright permission for use of this material and this form to:
The Programs Unit if the material is to be used as part of a program
The Religious and Volunteer Services Unit if the material is to be used for religious service or activity
The General Counsel's office if it's to be used for any other purpose