

Oklahoma Department of Corrections Request for Use of Copyrighted Material

Requestor Name: _____ Date: _____
(First Name, Last Name)

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

Alternate Phone Number: _____ Email 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, City, State, Zip)

Website: _____ Email Address: _____

Purpose for use of copyrighted material: _____

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

Copyright permission granted to: _____

Date: _____ Copyright permission time period: _____ to _____
(mm/dd/yyyy to mm/dd/yyyy)

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:

- **Program Services, if the material is to be used as part of a program**
- **Religious and Volunteer Services, if the material is to be used for religious service or activity**
- **General Counsel's Office, if it's to be used for any other purpose**