

# **Request for Permission**

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### **Product Information**

Please complete all areas that apply to your request

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Program Title	
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Title of Original Riverside Product(s)	
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Course Name					
Title of Research Project					
Dates study will be conducted	Start Date			End Date	
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material from a third party?	Ye	s 🗌 No			
If yes, explain					
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If yes, explain					
Does Requestor wish to translate the content from the original language of publication to an additional language or languages?	Ye	s 🗌 No	If yes, specify language(s)		

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Please identify the circumstance below most closely matching the nature of your request, and complete any portions of the remainder of this form that would apply:

1.	Reprint use	Yes	No
2.	Electronic use	Yes	No
3.	Research	Yes	No
4.	Research Discount	Yes	No
5.	Translation	Yes	No
6.	Braille/Large Print	Yes	No
In wh	at market(s) will Requestor'	s	

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### Electronic Format (check all that apply)

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Laptop

Mobile Devices

Tablet

Other (please explain)

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Please describe the specific nature of the student's disability (e.g., Dyslexia, Autism, visual, physical, reading below level, etc.)

#### **Comments / Notes**

Add any additional information here or attach necessary documents to your email.