

## REQUEST FOR PERMISSION TO REPRODUCE COPYRIGHTED

## **MATERIAL: MOVING FOOTAGE**

Please send completed form by fax (617-218-9906) or email (<a href="mailto:permissions@bfskinner.org">permissions@bfskinner.org</a>) Allow 1-2 weeks for processing

<b>CONTACT</b> Name of person requesting permission	n:	Date:
Street address:		
	State/Province:	
ZIP/Code:	Country:	
Phone:	_ Fax:	Email:
MATERIAL REQUESTED		
Title:	Αι	uthor:
		Pub. Year:
Seconds/minutes running time:		
URL (if applicable)		
COMMERCIAL VIDEO DISTRIBUTION Is your organization a nonprofit? (Check of the state	ck one) YES  NO nic format, will it be password-protests)	ACADEMIC/TRAINING VIDEO  ected? (Check one) YES  NO
•		Number of packets:
Commercial use Title of work you are publishing:		
Publication date:	Tentative price:	
Publication in the	glish language for this edition only language for this edition or	
PERMISSION (to be comple	•	
YES Granted on by Credit line: Courtesy of the B.F. Skinr Fee: (For com Federal Tax ID# 42-1325722	ner Foundation.	
NO ☐ We cannot grant permission b	oecause copyright is held by	