

**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 will 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**