



## Request for Permission to Reprint/Reproduce CCHP Health and Safety Materials

1. **Requesting Organization:** \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Our organization is:     Non-profit \_\_\_\_\_     For-profit \_\_\_\_\_

2. We request permission to reprint from the following CCHP products (**use one form for each**):

Training Curriculum

Fact Sheet for Families

Newsletter Article

Mini-poster

Health & Safety Note

Other: \_\_\_\_\_

Topic and pages \_\_\_\_\_ Edition: \_\_\_\_\_ Date: \_\_\_\_\_

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3. We will reprint/reproduce \_\_\_\_\_ (number of) pieces and will distribute to: \_\_\_\_\_  
Distribution method: \_\_\_\_\_  
Other method of distribution: \_\_\_\_\_

4. We \_\_\_ are \_\_\_ are not charging for the material in which this CCHP information is to be included.  
If there is to be a charge, please indicate amount \$ \_\_\_\_\_

5. We are requesting permission to do the following (check the appropriate option):

Reproduce an **exact reprint of the full CCHP document**. If reprint permission is granted, we understand that the following condition(s) in the CCHP permission letter will apply:

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- b. A copy of the published material must be sent to CCHP within one month of the publication.
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Other (Please explain): \_\_\_\_\_

Requesting organization's contact person's signature: \_\_\_\_\_ Date: \_\_\_\_\_

CCHP Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax the filled-out request form to: Abbey Alkon  
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415-753-2161 FAX