access©

Confirmation of Zero Reporting Status

Name of Institution: _____

Contact Name: _____

Contact Title: _____

Email Address: _____

For the reporting period _____ to _____, no reportable copying has been conducted by the Institution.

_____
Signature

_____
Date

Please return this completed form via **email** to the attention of:

Access Copyright, Royalty and Client Services
fullreporting@accesscopyright.ca

Please keep a copy of the completed form for your records.

Thank you.