

# Copyright Consent Form



An accredited teaching health unit affiliated with Queen's University

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**Title of KFL&A Health Unit product:** \_\_\_\_\_

**Describe how the work will be adapted and the purpose for its use:**

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**Request made by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact information:** (Agency title, address, phone number, email address)

\_\_\_\_\_

**\*\* I agree to forward 2 copies of the final document to the KFL&A Health Unit\*\***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fax the completed form to the: Kingston, Frontenac and Lennox & Addington Health Unit (613)549-7896, or mail it to: KFL&A Health Unit, 221 Portsmouth Ave, Kingston ONT, K7M 1V5  
Phone: (613)549-1232 or 1-800-267-7875 **ATTENTION: Tony Button, Administrative Services**

..... **Internal Use** .....

**Result:** Request Approved  Request approved with conditions  Request Denied

**Explanation (if necessary)** \_\_\_\_\_

**Director** \_\_\_\_\_

**Date** \_\_\_\_\_