

# PERMISSION FORM

*Please complete and return all pages (use N/A if not applicable)*

WESTERN ASSOCIATION OF LEAVITT FAMILIES, CEDAR CITY, UTAH 84720, FAX (435) 586-7589

Full name of Applicant (Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State/Prov., ZIP: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Description** of full use (not the description of the material to be used): \_\_\_\_\_

\_\_\_\_\_

Listed author(s)/creator(s): \_\_\_\_\_

Project/Use type:  Commercial  Non-profit, government, education  Private only

Full description or title of your project, publication or use: \_\_\_\_\_

\_\_\_\_\_

Publisher/Sponsor: \_\_\_\_\_

Address of publication/project: \_\_\_\_\_

Mo/Year of publication/use: \_\_\_\_\_ Number of copies: \_\_\_\_\_ Duration of use: \_\_\_\_\_

Project market:  Book/e-book  Worldwide/multi-media/internet  Article  Film/Video/TV/CD/DVD  
 Non-editorial/calendars/cards/book covers/ads, etc.  Unpublished report/thesis/dissertation  Re-use  Exhibition  Other specify: \_\_\_\_\_

**Responsibility:** I certify the information on this form is utterly correct and I accept the noted conditions of use. I am authorized and legally enabled to enter into this agreement on behalf of the above named person(s)/organization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Print Name and Sign): \_\_\_\_\_ Sign: \_\_\_\_\_

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The Western Association of Leavitt Families hereby grants permission based on/limited to the information specified above, and limited to the following condition(s).

\_\_\_\_\_

\_\_\_\_\_

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Permission not valid without authorized signature