

Appendix 1 APA Permission Student Agreement

Licensee will keep an original copy of this signed agreement on file for the term of this Agreement and will give a copy of this agreement to the Student

Date: _____

Student Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

I, the undersigned, request a Book Electronic File of the following American Psychological Association (APA) copyrighted Material:

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4. I will use the Book Electronic File solely for my own educational purposes.
5. I will not copy, duplicate, or distribute the Book Electronic File for use by others.
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7. If I have any questions about this Agreement, I will contact the American Psychological Association, Permissions Office, 750 First Street, NW, Washington, DC 20002
ADAPERM-DL@apa.org Phone: 202-336-5650 or 800-374-2722

Student's Signature: _____

Date: _____

University Signature:

Name and Title: _____

Signature: _____

Date: _____