

# Release Form for AHRQ To Use Copyrighted Material

## Instructions

This form must be completed by Contractors when requesting use of copyrighted materials from publishers or authors.

## Release Form for AHRQ To Use Copyrighted Material

The undersigned hereby grants permission to the Agency for Healthcare Research and Quality (AHRQ), located at 5600 Fishers Lane, Rockville, MD 20857, to use the material specified below and copyrighted by me [list items; add lines if needed by selecting Return]:

These copyrighted items may be used in both print and electronic formats, including future editions of print or electronic work.

The above permission to AHRQ shall in no way restrict republication by me of the copyrighted items in other works.

AHRQ will use the following credit line for each item for which I hold copyright [add lines as needed by selecting Return]:

E-signature of copyright holder (type name):

Date:

