



## 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:

Ivana Morelli  
Royalties and Client Services Associate

Access Copyright, The Canadian Copyright Licensing Agency  
Email: [imorelli@accesscopyright.ca](mailto:imorelli@accesscopyright.ca)  
[www.accesscopyright.ca](http://www.accesscopyright.ca)

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

Thank you.