**Reporting Confirmation Sheet**

Name:

Job Title:

Department/Location:

Period:

I confirm that the attached Digital Copy Record Sheet records all the Digital Copies I have made pursuant to the CLA Licence.

I also confirm that, where applicable, I have reviewed Course Collections with Course Administrators to remove material that is no longer required. Where material is being retained I have checked that it still complies with the terms of the CLA Licence.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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