

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Erikson Institute

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 451 N. LaSalle Street, Chicago, IL 60654

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Vice President for Planning and Enrollment

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
451 N. LaSalle Street, Chicago, IL 60654

**Telephone Number of Designated Agent:** 312.755.2250

**Facsimile Number of Designated Agent:** 312.755.0928

**Email Address of Designated Agent:** copyright@erikson.edu

**Signature of Designating Service Provider:** \_\_\_\_\_  
Date: July 27, 2010

**Typed or Printed Name and Title:** Jeanne lockridge  
Vice President for Planning and Enrollment

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.**  
**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

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