

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

**Full Legal Name of Service Provider:** Quinnipiac University

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

**Address of Service Provider:** 275 Mt. Carmel Ave., Hamden, CT 06518

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Linda M. Hawkes

**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):  
Arnold Bernhard Library, Quinnipiac University, 275 Mt. Carmel Ave., Hamden, CT 06518

**Telephone Number of Designated Agent:** (203) 582-8946

**Facsimile Number of Designated Agent:** (203) 582-8629

**Email Address of Designated Agent:** linda.hawkes@quinnipiac.edu

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** January 18, 2001

**Typed or Printed Name and Title:** William Clyde, PhD., Dean of Academic Technology

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

**FEB 08 2001**

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