

Internship Written Permission Request Form

Student Information	
Full Name:	
Street Address:	
	Zip Code:
	Cell Phone:
School Name:	
Major:	
•	Undergraduate College/University Graduate/Law School
Expected Completion Date/Degree:	
, ,	
Period of Internship	
Start Date:	Ending Date:
Schedule:	
Reason: Academic Credit Student Service Learning (SSL) Hours Training/Experience	
(If academic credit is selected, attach a copy of the program requirements/agreement. SSL forms must be submitted prior to departure.)	
Student Affirmation and Signature	
By signing this, I affirm that the facts set forth in this document are true and complete. I understand that having been accepted as an intern with the U.S. Copyright Office, any false statements, omissions, or other misrepresentations made by me on this document may result in my immediate dismissal.	
Student Signature:	Date:
If under 18 years of age, a parent/guardian's signature is required.	
Parent/Guardian's Signature:	
Phone: E-mail Address: _	
School Representative Affirmation and Signature	
By signing this, I affirm that meets the eligibility requirements of being a student (enrolled not less than half time and if between school years, not more than five months) in good standing with the school or college/university designated above. Permission to intern with the U.S. Copyright Office under a voluntary services agreement is granted.	
Signaturo	Data
	Date:
Name:	
	ool Name:
Phone: E-mail Address:	

Return on start date to: U.S. Copyright Office

Administrative Services Office 101 Independence Avenue, SE, LM 458

Washington, DC 20540

phone: (202) 707-8370 fax: (202) 252-3668

email: copyrightinternships@loc.gov website: copyright.gov