

**PERMISSION TO REPRINT FORM**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PUBLICATION:** \_\_\_\_\_

**STREET RELEASE DATE:** \_\_\_\_\_

AAKP Article/Publication: _____
Author: _____
Publication: _____
Issue: _____

Please explain below what the intended use of the article will be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>AAKP Use Only:</u>	
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied
_____	_____
AAKP Executive Director/CEO Signature	Date

## REPRINT POLICY

Organization must seek expressed permission from the American Association of Kidney Patients (AAKP) before any content is reprinted from an AAKP publication, i.e., magazine, electronic newsletter, brochure, book, etc.

In order to gain permission the organization must complete the **Permission to Reprint Form**, sign and return to AAKP via fax or US mail.

Request will be returned within two to three working days to the approved contact person.

AAKP reserves the right to deny any request.

---

Any reprinted article must be accompanied by the following disclaimer:

This content is reprinted from \_\_\_\_\_ (applicable source) with permission from the American Association of Kidney Patients (AAKP). Opinions expressed by authors are not necessarily those held by AAKP, its Board of Directors or publisher. The American Association of Kidney Patients is a national non-profit organization that exists to improve the lives of fellow kidney patients and their families by helping them to deal with the physical, emotional and social impact of kidney disease.

---

**\*\*Any reprint without permission from the American Association of Kidney Patients is strictly prohibited.**

**The American Association of Kidney Patients requires two copies of the publication where the article is printed. Copies can be sent to:**

AAKP  
3505 E. Frontage Rd., Suite 315  
Tampa, FL 33607

I understand and agree with the above:

---

Signature

---

Date

---

Name Printed

---

Date