

Permission to Reprint Request Form

EDIT	OR INFORMATION:
Name	: Email:
Addre	
Phone	
ARTI	CLE INFORMATION:
Public	cation Name:
Articl	e Title:
Autho	$\operatorname{pr}(s)$:
Volun	ne #: Issue #:
Page I	Range: No. of Pages:
U	cation Year:
What	will you be using the article for?
*Please use a separate form for each request.	
All Reprints are one time use and Pre-Pay Basis only.	
Fees:	
	e: \$25.00 per page Figure only: \$50.00 Classroom use: No cost (\$250 max)
METHOD OF PAYMENT:	
	Check or money order enclosed, made out to <i>American Society of Criminology</i> . (U.S. FUNDS ONLY). A service charge will be assessed for all returned checks.
	Will give credit card information over the phone. Please call
	at We accept Visa, MasterCard, American Express, Discover.
	Send a secure credit card payment link to the following email:
Permis	ssion Granted: Date:

Please fax or email to address below with your payment method Please don't hesitate to call with any questions.