



Dalhousie Libraries

TAKEDOWN REQUEST FORM

CONTACT INFORMATION

Name: _____

Mailing address:

Email address: _____

Phone number: _____

REASON FOR TAKEDOWN REQUEST

Copyright Confidential information Personal privacy Other: _____

Describe the exact nature of your concern:

IDENTIFY RECORD (APPEND ADDITIONAL INFORMATION IF THERE ARE MULTIPLE RECORDS)

Title: _____

Author/creator: _____

Reference code: _____

URL: _____

EVIDENCE IN SUPPORT OF YOUR REQUEST (APPEND ADDITIONAL MATERIAL IF NECESSARY)

By signing this form, you assert that your takedown request is made in good faith and that the information contained in your complaint is accurate. If your complaint is in regards to a breach of copyright, you acknowledge and agree that you are the rights holder, or an authorized representative of the rights holder.

Signature

Date

Received: _____ Acknowledged: _____

Received by: _____