Permission Request

DATE:

TO:

I am submitting a manuscript for peer review and consideration in the Nephrology Nursing Journal.

Title of Manuscript:

Primary/Corresponding Author:

I request your permission to reproduce, or if necessary, to redraw or modify the following material in this and all subsequent editions of the journal, print and electronic, in English and in all foreign language translations and other derivative works for distribution throughout the world.

Author(s) or editor(s):

Publisher:

Title of book or periodical:

Title of section/chapter of book or volume, issue, and page numbers of article:

Copyright date:
Table number: on page:
Figure number: on page:

Full credit to the original source will be given.

Please indicate agreement by signing below, scanning the completed/signed form and email the form to me at [insert your email address here].

If you do not control these rights, I would appreciate your letting me know to whom I should apply for permission. If the permission of the author or the artist is also necessary, kindly provide his/her address.

In signing, you warrant that you are the sole owner of the rights granted and that your material does not infringe upon the copyright or other rights of anyone.

Thank you.

Email:

PERMISSION IS HEREBY GRANTED:

<table>
<thead>
<tr>
<th>Print Name and Credentials</th>
<th>Signature (Electronic signature is acceptable)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Permission from Institute/Organization for the Use of Information/Identification in *NNJ*

DATE:

TO:

I am submitting a manuscript for peer review and consideration in the *Nephrology Nursing Journal*.

Title of Manuscript:

Primary/Corresponding Author:

I request your permission to use information from your institute/organization in this and all subsequent editions of the journal, print and electronic, in English and in all foreign language translations and other derivative works for distribution throughout the world.

Information Description:

Please indicate agreement by signing below, scanning the completed/signed form, and emailing the form to me at [insert your email address here.].

Thank you.

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PERMISSION IS HEREBY GRANTED:

<table>
<thead>
<tr>
<th>Print Name and Credentials</th>
<th>Signature (Electronic signature is acceptable)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Organization

Name:
Address:

Organization’s Authorized Representative:

Name:
Title:
Email Address:
IMAGE AND PROFESSIONAL RELEASE

Please read carefully, as not every section may be relevant to your image.

Section I. – Release of Image

I, _______________________________________ (signee), being of legal age, hereby consent and authorize American Nephrology Nurses Association (ANNA) to use and reproduce name(s), slide(s), and/or photograph(s) of my image, and circulate the same for any and all ANNA purposes, including the Nephrology Nursing Journal and ANNA publications of every description.

Section II. - Release of a Minor’s (Under Eighteen Years of Age) Image:

I, _______________________________________ (signee), being of legal age, hereby consent and authorize American Nephrology Nurses Association (ANNA) to use and reproduce name(s), slide(s), and/or photograph(s) of the above named minor’s image, and circulate the same for any and all ANNA purposes, including the Nephrology Nursing Journal and ANNA publications of every description.

Section III. – Professional Release of Use

I, _______________________________________ (photographer), being of legal age, hereby consent and authorize American Nephrology Nurses Association (ANNA) to use and reproduce my photograph(s) of the above named signee, or the above named minor, and circulate the same for any and all ANNA purposes, including the Nephrology Nursing Journal and ANNA publications of every description.

Receipt of full consideration is hereby acknowledged, and no further claim of whatsoever nature arising out of or connected with said name(s) and photograph(s), will be made by me, or by my heirs, or assigns.

| Today’s Date: | | |
| Name of Signee: | | |
| Address of Signee: | | |
| Name of Photographer: | | |
| Photographer’s Institution: | | |

PERMISSION IS HEREBY GRANTED:

<table>
<thead>
<tr>
<th>Print Name and Credentials</th>
<th>Signature (Electronic signature is acceptable)</th>
<th>Date</th>
</tr>
</thead>
</table>
Permission from Individual for Identification in *NNJ*

**DATE:**

**TO:**

I am submitting a manuscript for peer review and consideration in the *Nephrology Nursing Journal*.

**Title of Manuscript:**

**Primary/Corresponding Author:**

I request your permission to use your identity as indicate below in this and all subsequent editions of the journal, print and electronic, in English and in all foreign language translations and other derivative works for distribution throughout the world.

**Use of Name/Identity [need check boxes or the equivalent at the beginning of each line]**

___ Identification in photograph

___ Identification in Acknowledgement

___ Identification in Personal Communication

___ Other – Specify what the other identification is:

Please indicate your permission by signing below, scanning the completed/signed form, and emailing the form to me at [insert your email address here.].

Thank you.

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PERMISSION IS HEREBY GRANTED:

<table>
<thead>
<tr>
<th>Print Name and Credentials</th>
<th>Signature (Electronic signature is acceptable)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name as you wish it to appear: