

Permissions Request

If you would like to use HMH content for any reason please complete this form and email to schoolpermission@hnhco.com

Required fields are marked with *.

Failure to fill out all required fields will significantly delay your request.

Your Contact Information

Name*

Job Title

School/School District or Organization or Company*

Address 1*

Address 2

City*

Zip Code (Required if country is USA)

Country*

State

Email Address*

Phone Number*

Fax Number

Houghton Mifflin Harcourt Product Information

Also include a copy of the following from the original book(s): the page(s) being required, title page, copyright page, and all credit/acknowledgment page(s) usually found at back of book.

Required fields are marked with *.

Publication Imprint*

Program Title*

Title of Original HMH Product(s)*

Author(s)/Editor(s)/Illustrator(s)*

Form and/or Grade Level

Subtest/Item(s)/Edition

Title Number/ISBN*

Copyright Year (if indicated)

Exact content requested from the HMH publication* (include page numbers and other identifying information)

If applicable exact HMH URL for HMH content requested as posted on HMH website (include other identifying information)

Will HMH Content requested be bound or otherwise combined with material from a third party?*

(if yes, please explain)

Does Requestor wish to make any changes in HMH content?*

(if yes, please explain)

Does Requestor wish to illustrate (if HMH Content is unaccompanied by art) or re-illustrate (if Requestor wishes to replace HMH art/photo)?*

(if yes, please explain)

Does Requestor wish to translate the HMH Content from the original language of publication to an additional language or languages?*

(if yes, please explain)

If requesting Braille or large print, please the specific nature of the students disability (e.g. Dyslexia, Autism, visual, physiscal, reading below level, etc.)

Nature of Use

Please fill out one of the following 4 forms depending on your Nature of Use.

Educational Classroom-Related Reprint Use

[GO TO FORM](#)

Educational Classroom-Related Electronic Use

[GO TO FORM](#)

Commercial Reprint Use

[GO TO FORM](#)

Commercial Electronic Use

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Educational Classroom—Related Reprint Use

If student requesting, a note or co-signature by the chairperson or dissertation supervisor is required.

Required fields are marked with *.

Instructor Name*

Course Name*

Title of Research Project

Is this a one time request to photocopy for a single instance?*

Semester/School Year(s)*

Duration Start*

Duration Finish*

Approximate number of reproduction to be made*

Is the HMH Content intended for use at*

- One Classroom
- School-Wide
- District-Wide

Will students and teachers receive the HMH Content for a fee or free of charge?*

(if for a fee, please explain fee model and fee to be charged.)

Has the balance of the HMH program including the related student textbook been purchased for all students accessing the HMH Conduct*

Has the Requestor received a prior grant for this same HMH Content?

(if yes, please include the request ID number of the prior grant.)

If known, does the school or district purchase other Houghton Mifflin Harcourt products?

(If yes, please list other HMH product(s) purchased by school/district.

Purpose of Use and/or Additional Information

Educational Classroom—Related Electronic Use

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Required fields are marked with *.

Instructor Name*

Course Name*

Semester/School Year(s)*

Format* (Please check any or all that apply)

- Fixed Media such as Audio CD / CD / DVD / Flash Drive / SD Cards
- Internet or Intranet Website Posting
- Laptop Direct installation
- Tablet or Slate Devices such as iPad®/Nook™/Kindle™
- Mobile Devices such as iPad®/iPod touch®/Smartphones
- Closed-Circuit Broadcast
- Other

Will access be restricted/password protected?*

(If yes, please explain how access will be restricted.)

Will downloading, printing, and duplication be restricted?*

(If yes, please explain how downloading, printing, and duplication will be restricted.)

Is the HMH Content intended for use at*

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- School-Wide
- District-Wide

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Approximate number of Users of HMH Content*

Duration Start*

Duration Finish*

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Purpose of Use and/or Additional Information

Commercial Reprint Use

If student requesting, a note or co-signature by the chairperson or dissertation supervisor is required.

Required fields are marked with *.

Proposed title of Requestor's work*

Publisher of Requestor's work*

Title of Research Project

In what market(s) will Requestor's work be released?*

(Please check all that apply)

- ☐ Educational
- ☐ Trade
- ☐ Mass Market
- ☐ Scholarly/College
- ☐ Other

In what territory of distribution will Requestor's work be released?*

- ☐ US
- ☐ US/Canada
- ☐ World
- ☐ Other

Estimate publication date of Requestor's work*

Estimated page count of Requestor's work*

Desired term of license in number of years from date of publication of Requestor's work*

Estimate price of Requestor's work*

Estimated TOTAL PRINT RUN for the life of the edition of Requestor's work*

Language(s) in which Requestor will publish the work*

Purpose of Use and/or Additional Information

Commercial Electronic Use

Required fields are marked with *.

Proposed title of Requestor's electronic work*

Publisher of Requestor's work*

In what market(s) will Requestor's work be released?* (Please check all that apply)

- Educational
- Trade
- Mass Market
- Scholarly/College
- Other

In what territory of distribution will Requestor's work be released?*

- US
- US/Canada
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- Other

Format* (Please check any or all that apply)

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- Mobile Devices such as iPad®/iPod touch®/Smartphones
- Closed-Circuit Broadcast
- Other

Will access be restricted/password protected?*

(If yes, please explain how access will be restricted.)

Will downloading, printing, and duplication be restricted?*

(If yes, please explain how downloading, printing, and duplication will be restricted.)

Will users of Requestor's electronic work receive the HMH Content for a fee or free of charge?*

(If for a fee, please explain including estimated price of Requestor's forthcoming electronic work and details of pricing model.)

Approximate number of total lifetime users accessing Requestor's electronic work*

Estimate publication date or Requestor's work*

Desired term of license in number of years from date of publication of Requestor's work*

Has the Requestor received a prior grant for this same HMH Content?

(if yes, please include the request ID number of the prior grant.)

Language(s) in which Requestor will publish the work*

Purpose of Use and/or Additional Information