

**CONFIRMATION OF ZERO REPORTING STATUS**

Name of Institution: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

For the reporting period \_\_\_\_\_ 200\_\_ to \_\_\_\_\_ 200\_\_ ;  
no reportable copying has been conducted by the Institution.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form via facsimile or email:

Fax: 416-868-1613  
Email: [fullreporting@accesscopyright.ca](mailto:fullreporting@accesscopyright.ca)

Or send it by mail to:

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