

MRRC LIBRARY

INFORMATION REQUEST - EXTERNAL

Send to: Librarian, MRRC

Email: LibraryMRRC@justice.nsw.gov.au Fax: 9289 5980

FROM:

Requesting CC Contact Officer:	
Correctional Centre:	
Telephone:	
Fax:	

INMATE NAME (Please write clearly):

MIN / SERIAL NO:	DATE:
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INMATE <input type="checkbox"/>	REGISTERED - OFFENDER NETWORK <input type="checkbox"/>
STAFF <input type="checkbox"/>	OTHER <input type="checkbox"/>

REQUEST DETAILS (Please write clearly)

A maximum of **5 information requests** (legal or general) per inmate will be answered **per week**. There is a printing limit of **70 pages of text per information request**. When answering requests, the Library team will not provide materials that could compromise the safety, security or discipline of the centre (in accordance with **COPP 8.4**).

****Copyright declaration****

All copies requested by me under this agreement are required for the purpose of research or study, will not be used for any other purpose, and have not previously been supplied to me by the Library. The Library may treat as signed by me any request and declaration made under subsection 49(1) of the Copyright Act 1968 that bears my name and MIN number. I understand that it is an offence under section 203F of the Copyright Act 1968 to make a declaration under section 49 that I know, or ought reasonably to know, is false or misleading in a material particular, and I will not allow any request to be signed in the manner above without my authority.

INMATE SIGNATURE:

Library staff only:

COMPLETED BY:	DATE:
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(This request is kept for 5 years from the date of being placed.)