|  |
| --- |
| **Depositing Publications in PolyU Institutional Research Archive****Request for Permission**Dear Sir/Madam, I am the [staff post and department, e.g. Professor of the Department of Applied Social Sciences] at The Hong Kong Polytechnic University (PolyU). As a publication resulting from research projects funded by the Research Grants Council (RGC) of Hong Kong Government, an electronic version of my paper is required to be submitted to the PolyU Institutional Research Archive (PIRA) upon acceptance for publication.To meet the requirement, I would like to have your permission to deposit the article(s) listed below into the PIRA which is a not-for-profit digital open access repository for scholarly work created by researchers at PolyU. This request is for non-exclusive permission for this purpose only. The article(s) for which I am seeking permission is(are):Enclosed please find a reply slip for your kind follow-up. Your reply by **DDMMYYYY** would be very much appreciated. Thank you for your consideration and support. I look forward to hearing from you soon.  Yours Sincerely, |

**Reply Slip**

**To:**

**Email:**

**Fax:**

In response to your letter dated , I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to grant permission for depositing the following publication(s) in the PolyU Institutional Research Archive in the following manner:

(please tick one)

* (A) Full open access to the publisher’s version;
* (B) Full open access to author’s final accepted manuscript after peer review;
* (C) Restricted access to the publisher’s version / author’s final accepted manuscript\* (only if both option A and & B cannot be considered)

Remarks (any associated conditions, e.g. embargo period):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  Signature: |  |
|  Name in block letter: |  |
|  Name of Company/Organisation: |  |
| Position: |  |
| Contact (e-mail): |  |
| (telephone): |  |
|  Date: |  |

\* please delete as appropriate