License Tracking Form for Electronic Resources

Name of Vendor ______________________________  Selector ______________________________
Name of Product _____________________________  Campus Address _______________________
Name of Vendor License Contact __________________________
Supply phone, fax, address, email of vendor license contact if not available in license itself or attach relevant printouts from e-mail or other communications
Phone? ___________________________  Fax? __________________________
Email? _________________________________________  Address?

See:  http://www.library.yale.edu/ecollections/licenseguide.html for assistance
Have there been other products licensed from the same vendor? ______
Can they be expanded to cover this product? __________
(If both answers are yes, there may be no further work, or any further work will be of a simple addendum to the original license.)

Requested vendor generic license ______(date)  Received vendor generic license ______(date)
Kim/Ann sent license for review ______(date)  All license review concluded ______(date)
 Vendor contacted with changes ______________(date)
Final negotiated version received/created _________________(date)

Final electronic version (preferred) or printed document(s) sent to Electronic Publishing & Collections Librarian for process conclusion ______________(date)
!! All local, departmental, or product-specific information requested by vendor inserted ______
NOTE: Keep a copy of this form if you wish to have a record that the you’ve completed your responsibilities with this license.

Please fax the signed version before mailing the official copies ______
(this is an urgent-processing request – don’t use unless needed)

When the final version of the license is received, you will receive a copy for your (or your department’s) files.

If you wish to be informed when the license is mailed/faxed to the vendor please fill out the first two lines of the tear off information below.

License for:
Name of Vendor ____________________________________
Name of Product ____________________________________

Was faxed/mailed on _____________(date)