

FLORIDA STATE UNIVERSITY Acknowledgement of Intellectual Property Law Requirements

IF A SEPARATE WORK FOR HIRE AGREEMENT (OR IF THAT IS NOT POSSIBLE A SEPARATE, DETAILED USE LICENSE), WILL NOT BE SUBMITTED WITH YOUR REQUISITION, THIS FORM MUST BE COMPLETED AND SIGNED BEFORE A PURCHASE ORDER WILL BE ISSUED. IT WILL BE E-FILED WITH THE PURCHASE ORDER, SUBJECT TO EXTERNAL AND INTERNAL AUDIT.

Note: This Acknowledgement Form will not be accepted unless the <u>decision maker</u> executes it. If a support staff member (which includes business or financial staff responsible for entering or approving requisitions in OMNI) executes the form rather than the decision maker, it will be returned for correction before the purchase order will be issued or the contractor will be paid.

I, am the	Florida State University faculty or staff
member who made the decision to enter in to a contract understand that additional laws apply to procuring creative wo sufficient to secure the rights to <u>use</u> the images or other creativenue.	orks, and the university purchase order is not legally
I certify that I am the individual responsible for initiating this purchase of services involving intellectual property. I understand that failing to obtain a signed "work for hire" agreement or, at a minimum, a separate written and signed use license that is legal in both form and content, from the photographer or other creative artist, means that I am not purchasing, nor does FSU own, the images or other artistic/creative output. I understand that unless FSU secures ownership of the images or obtains a detailed use license that we have no legal right to use them in any publication, website, or other public venue.	
I further certify that I have discussed this matter with my deal has authorized me to make this decision on behalf of my depa He or she further understands and agrees that any costs arising the works are the responsibility of this department.	rtment and to execute this Acknowledgement Form.
Name of Independent Contractor:	Requisition #
Title of individual named above:	Phone #
Signature of individual named above:	Date:
Name of Dean, Director, or Department Head (signature not re	equired):