

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Syracuse University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: Samuel J. Scozzafava Jr.

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 111 College Place, 1-133 CST, Syracuse, NY 13244

Telephone Number of Designated Agent: 315-443-3814

Facsimile Number of Designated Agent: 315-443-2775

Email Address of Designated Agent: DMCA@Listserv.syr.edu



the Designating Service Provider: _____
Date: 10/28/2016

Typed or Printed Name and Title: Samuel J. Scozzafava Jr.
VP Information Technology / Chief Information Officer

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.**

*Note: Current and adjusted fees are available on the Copyright website at www.copyright.gov/docs/fees.html

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

SCANNED
MAY 01 2017

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Copyright Office