

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

Full Legal Name of Service Provider: SARAH LAWRENCE COLLEGE

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

Address of Service Provider: 1 Mead Way ; Bronxville, NY 10708

Name of Agent Designated to Receive Notification of Claimed Infringement: BARBARA KAPLAN

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):

Dean of the College
1 Mead Way ; Bronxville, NY 10708

Telephone Number of Designated Agent: (914) 395-2303

Facsimile Number of Designated Agent: (914) 395-2666

Email Address of Designated Agent: bkaplan@sla.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: April 5, 2002

Typed or Printed Name and Title: BARBARA KAPLAN
Dean of the College

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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