

Open Access Institutional Repository Deposit Consent Form

Author Information

Full Name

Email Address

Affiliation

Work Information

Title of Work

Date of Deposit

Description/Abstract

Consent

- ☐ I confirm that I am the author or have the authority to deposit this work.
- ☐ I grant permission to deposit this work in the institutional repository and make it openly accessible.
- ☐ I have read and understand the repository's policies.

Signature

Date