

## Permission Form for Distribution of Senior Project

After completing this form, fold it in half so the Library's address is visible, staple or tape it closed, and put it in the Campus mail.

Student Name:			
Class Year:		ID #:	
Email:		Phone:	
Title:			
Major(s):			
Department(s):			
1 <sup>st</sup> Reader(s):			
2 <sup>nd</sup> Reader(s):			

### 1. Copyright (Please select one of the following options)

I am the sole creator of my entire project and therefore the copyright holder.

I collaborated with other co-creators on my project and therefore share the copyright with the following individuals.

Co-creators: \_\_\_\_\_

### 2. Intellectual Property

Yes    No    Select Yes or No - My project contains intellectual property or copyrighted material created by someone else (images, music, performances, etc.).

  

If you answered Yes, is the intellectual property appropriately acknowledged in your project?

### 3. Access Restrictions in the Online Archive (Please select one of the following options)

<input type="checkbox"/> Public Distribution (least restrictive)	I grant permission to Allegheny College to make my senior project available to the public. I understand that any parts which are not my intellectual property may be excluded from distribution.
<input type="checkbox"/> Campus Distribution (moderately restrictive)	I grant permission to Allegheny College to make my senior project available to members of the Allegheny College community, but do not grant permission to make my senior project available to the public. I understand that any parts which are not my intellectual property may be excluded from this distribution.
<input type="checkbox"/> Limited Distribution – FERPA Exception (most restrictive)	I do not grant permission to Allegheny College to make my senior project available to members of the public or the Allegheny College community, except under the conditions specified by the Family Educational Rights and Privacy Act (FERPA).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Project Director Signature: \_\_\_\_\_

*Senior Project Directors are asked to sign this form to ensure that faculty co-creators are acknowledged within the form.*

TO:

Pelletier Library

Box 117

Resource Management Dept.