

SUNY New Paltz DSpace Release Form: SRS (Rev. 6/2/16)

Please complete this form with the required signatures, scan it (as a single PDF), and upload it alongside your submission. You may also collect signatures using the e-signatures feature in Adobe Acrobat.

Primary Student Author Information:

Name: _____ **Banner or "N" number:** _____
(last name) (first name) (middle initial)

Email address: _____ Phone: _____

Project title: _____

Additional Student Authors (if applicable)

Name: _____ **Banner or "N" number:** _____
(last name) (first name) (middle initial)

Email address: _____ Phone: _____

Name: _____ **Banner or "N" number:** _____
(last name) (first name) (middle initial)

Email address: _____ Phone: _____

Name: _____ **Banner or "N" number:** _____
(last name) (first name) (middle initial)

Email address: _____ Phone: _____

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(last name) (first name) (middle initial)

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Name: _____ **Banner or "N" number:** _____
(last name) (first name) (middle initial)

Email address: _____ Phone: _____

Name: _____ **Banner or "N" number:** _____
(last name) (first name) (middle initial)

Email address: _____ Phone: _____

Advising Faculty Member

Name: _____ Department: _____

Email: _____ Phone: _____

I certify that this project is complete and meets the requirements for submission to SUNY DSpace.

Faculty signature: _____ Date: _____

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(student 2)

Signed: _____ Date: _____
(student 3)

Signed: _____ Date: _____
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Signed: _____ Date: _____
(student 3)

Signed: _____ Date: _____
(student 4)

Signed: _____ Date: _____
(student 5)

Signed: _____ Date: _____
(student 6)

Signed: _____ Date: _____
(student 7)

Signed: _____ Date: _____
(student 8)

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