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Included: Paper(s) or excerpts of my paper(s) for publication or presentation purposes.

**PERMISSION:**

The individual signing below acknowledges and agrees as follows:

1. I am age 18 or older, or if I am under the age of 18, my parent or legal guardian will review this form and act on my behalf.
2. I have read and understand this Permission Form.
3. I am the sole creator of the Work(s).
4. The College has my permission to make an electronic copy of each Work and post any or all of the copies on the Nursing department’s website for such period of time as the College sees fit.
5. I agree that my name may be used on the website to identify me as the creator of the Work(s).
6. I release and hold harmless the College and The City University of New York from liability for any claims by me in connection with the College’s use of the Work(s) as permitted by this Permission Form.

Printed Name: \_\_\_\_\_

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

*(Signature of parent or legal guardian required if student is under age 18.)*

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