ATTACHMENT B

Student Authorization to Disclose Information to Third Parties

BALL STATE UNIVESRITY

PLEASE PRINT OR TYPE

Department of Computer Science

Department or Office

You are hereby authorized to disclose the following records/information to (individual, party, or class of parties):

Anyone

Subject to the following specifications:

No restrictions. Note that I retain all rights to my artwork.

Type of records/information to be disclosed:

I authorize the following items/information to be disclosed:

* I am enrolled in CS 120.
* I have created a program which generates a piece of artwork.
* My artwork generated by the above referenced program.
* Photograph(s) of myself, with or without my artwork.

Note that I retain all rights to my artwork.

Purpose(s) for such disclosure:

Publicity and recruiting efforts of the Department of Computer Science, the College of Sciences and Humanities, and Ball State University.

\_\_\_\_\_ Student should check if he/she desires a copy of records/information disclosed.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_