

# Michigan State University

## Release of Information Authorization form

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Student MSU Email \_\_\_\_\_ Capstone Team Name \_\_\_\_\_

I hereby authorize Michigan State University to use the following assignments in my educational record from the Data Science Capstone course (CMSE495) to use as teaching examples in future classes and/or as advertisement and outreach for the department and the capstone course (Clearly initial boxes to authorize release):

- |   |  |
|---|--|
| <input type="checkbox"/> Team SCHOLAR Tutorial Assignment | <input type="checkbox"/> Team Git Repository                   |
| <input type="checkbox"/> Blog Post Assignment             | <input type="checkbox"/> Examples of our Team meeting minutes. |
| <input type="checkbox"/> Team Overview Slide Assignment   | <input type="checkbox"/> Examples of our Team 3x3s             |
| <input type="checkbox"/> Team Planning Video              | <input type="checkbox"/> Personal Images taken during class    |
| <input type="checkbox"/> Team Beta Demo Video             |  |
| <input type="checkbox"/> Team Final Video                 |  |

I understand that the instructor must get approval from the entire team to release any team-based assignments and must continue to adhere to any existing NDA and IP agreements that may relate to these assignments and the project community partners.

I also ask that the instructors limit the use of the above records based on the following guidelines (include any additional constraints you would like to impose here or write "None"):

I understand that I have the right not to consent to the release of my education records and I have the right to inspect and review such records upon request.

I also understand this consent shall remain in effect until revoked by me, in writing, and delivered to Dr. Dirk Colbry at Michigan State University and the CMSE Department. However, any revocation shall not affect disclosures made by Michigan State University prior to receiving such written revocation.

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

Information released to a third party pursuant to this authorization is subject to the confidentiality provisions provided under the Family Educational Rights and Privacy Act (FERPA) and may not be made available to any other party without the written consent of the student.