

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

AUTHORIZATION FOR USE OF FACULTY INTELLECTUAL PROPERTIES

SPECIFIC USE(S) _____

(Please Specify)

INTELLECTUAL PROPERTY REQUESTED (TITLE) _____

I, (print full name) _____

Hereby grant permission to the University of Kentucky College of Nursing
And/or _____, (Individual name
and/or agency) to use my work for specific use purpose(s) as defined above. This
(these) items cannot be used for any other purpose(s) or released to any other
entity without the expressed written permission of the owner of the property.

Signature: _____ Date: _____

Witness: _____ Date: _____

Title: _____