

ISU Writing Program Permissions Form

Personal and Contact Information

Name _____ ISU ID# _____

Instructor Name _____ Course and Section Number _____

Local Address _____ Local Phone _____

Permanent Address _____ E-mail _____

Permissions

I give my permission to reproduce writings anonymously from this portfolio in course materials for *English 101/ 101.10*:

YES NO (*Check one*)

I give permission for the Writing Program to reproduce or otherwise use my writings for teacher training or research purposes. I understand that I will not be identified in any way, that my participation is completely voluntary, and that I may withdraw my permission in writing at any time.

YES NO (*Check one*)

Certification

I have appropriately documented all outside sources used in these texts, and the work submitted is my own; the work included in these materials does not violate the policies concerning cheating and intellectual dishonesty as stated in the ISU Code of Student Conduct.

Signature

Date