

Student Consent Form
Mount Saint Vincent University Library

Professor: _____

Course #: _____

Course Name: _____

Consent:

We, the undersigned, give permission for current and future professors in the _____ Department of Mount Saint Vincent University to use this material for class discussions, and to put this item on Reserve as an example and/or to create a PDF version for placement in the password protected course management site.

Date: _____

Student Name(s): _____

Signature(s): _____

Telephone: _____

E-mail: _____

Please submit this completed form with the materials to the library for Reserve processing.