

Statement Of Release

- 1) Fiscal Year: ___ / ___
- 2) Name of Teaching Assistant(s) who may pick up confidential material(s)

Name of Teaching Assistant

Signature

- 3) Name of Supervising Professor

(Please Print)

- 4) Office and Phone Number

Phone: _____

Office: _____

- 5) Statement of Release

Permission is hereby granted to release confidential material(s) (e.g. quizzes, tests, final exams, etc.) to my Teaching Assistant(s) specified above. It is understood that proper identification may be required by Duplicating Services. Upon the release of confidential material(s) to the my Teaching Assistant(s), **ALL** responsibility and liability for the security of these material(s) are solely mine.

Signed _____ **Date** _____