Augsburg University Institutional Repository Deposit Agreement

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Initial one:

___ I agree and I wish this Content to be Open Access.
___ I agree, but I wish to restrict access of this Content to the Augsburg University network.

Work (s) to be deposited

Title: _______________________________________________________

Author(s) of Work(s): ___________________________________________ 

Depositor’s Name (Please Print): ___________________________________

Author’s Signature: ___________________________ Date: ___________

If the Deposit Agreement is executed by the Author’s Representative, the Representative shall separately execute the Following representation.

I represent that I am authorized by the Author to execute this Deposit Agreement on the behalf of the Author.

Author’s Representative Signature: __________________________ Date: ___________