

LIBRARY RELEASE AUTHORISATION

Student's Name: _____

Student's ID: _____

Supervisor's Name: _____

Title of Thesis: _____

(Please circle as appropriate)

1. *I agree/do not agree that this thesis, held in any form, eg paper, micro, electronic, may be made available for consultation within the Library.*
2. *I agree/do not agree that this thesis may be available for reproduction on paper or in micro/electronic form.*
3. *I note that in any case, my consent is required only for the three years following acceptance of my thesis.*

The Library, when supplying information to the national bibliographic database, often needs to distinguish between two or more authors of similar name. Your help, through providing the following additional details, would be appreciated.

Date of Birth: _____

Other Publications: (Title of book, publisher and date of publication)

Student's signature: _____ Date: _____

FACULTY OF EDUCATION'S RATIFICATION

This is to ascertain that the Faculty has no objection to the candidate's options regarding access to the Library thesis copy. If so, please sign below and return the completed form to the Faculty's Research Degrees Office, Clayton Campus.

Supervisor's signature: _____ Date: _____

(Please print name): _____