

UNIVERSITY OF KENTUCKY  
COLLEGE OF NURSING

AUTHORIZATION FOR USE OF FACULTY INTELLECTUAL PROPERTIES

SPECIFIC USE(S) \_\_\_\_\_

\_\_\_\_\_  
(Please Specify)

INTELLECTUAL PROPERTY REQUESTED (TITLE) \_\_\_\_\_

\_\_\_\_\_  
I, (print full name) \_\_\_\_\_

Hereby grant permission to the University of Kentucky College of Nursing  
And/or \_\_\_\_\_, (Individual name  
and/or agency) to use my work for specific use purpose(s) as defined above. This  
(these) items cannot be used for any other purpose(s) or released to any other  
entity without the expressed written permission of the owner of the property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_