

Consent form for Support Staff to deposit material on OAR@UoM on behalf of the Department

To: OAR@UoM Team

From: _____

I hereby authorize Mr/Ms _____, bearing I.D. No. _____, to deposit the work (eg. article, book chapter, etc.) entitled:

_____ onto OAR@UoM on behalf of the Department.

I have also duly read and agreed with the Terms and Conditions of the deposit as specified in the Deposit Agreement found at:

http://www.um.edu.mt/__data/assets/pdf_file/0003/223644/med_form_and_agr_PDF.pdf.

In case you need to contact me for any clarification or verification, please send me an email at _____.

Signature Head of Department

Date