Date Month Year

To: The Director of Toyohashi University of Technology Library

Repository Registration Application Form

I hereby consent to have the academic information materials that I wrote (the title of which is shown below) digitized and registered in the Toyohashi University of Technology Academic Institutional Repository. I also consent to the duplication of academic information materials to the extent necessary for the purpose of registration.

Details

Author Name	
	Department
Contact	E-mail Phone
Academic Information Materials	Please choose the appropriate item type. [ ] Journal Articles [ ] Departmental Bulletin Paper [ ] Conference paper [ ] Presentation [ ] Book [ ] Technical Report [ ] Research Paper [ ] Article [ ] Preprint [ ] Learning Materials [ ] Data or Dataset [ ] Software [ ] Others ( )
Title Author Journal title Volume Issue Publisher DOI	
Time to open	[ ] Date: on or after (_____) date / month / year [ ] I don't appoint the time.
Copyright	Who have the copyright? [ ] Myself [ ] Co-author(s) or original author(s) [ ] Publisher or Society We will check the handling of copyrights with respect to publishers, including the detailed conditions for authorization.
	Did co-author(s) agree to the self-archiving of the work in Academic Information Repository and making it publicly accessible? [ ] Yes If you and your co-author(s) own the copyright, you can register the content with the agreement of your co-author(s).
Remarks	(If you have any conditions regarding deposit of your works, please write down here)

Your Information is used only for relevant purposes of Academic Institutional Repository

---

Library entry field below

原稿受領	データ登録	通知	備考