

### Withdrawal of consent form

Student name \_\_\_\_\_

Laker ID 900 \_\_\_\_\_

Semester \_\_\_\_\_

Course \_\_\_\_\_

CRN \_\_\_\_\_

Instructor \_\_\_\_\_

I, \_\_\_\_\_, do NOT wish my course results to be included in any presentations or publications based on the course listed above. I understand that this form must be submitted to my instructor to take effect, and will take effect on the date that it is received by him/her. My instructor will also provide me with a copy of this form bearing his/her signature and date to indicate the receipt of this document.

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Instructor signature \_\_\_\_\_

Date \_\_\_\_\_