

## Statement of authorization to file with RCAAP

Name				
Citizen Card No	M	obile phone:	email	
Title of the pub	lication:	<del>-</del>		
Advisor(s):				
Name of the M	aster's degree:			
Graduation yea	r:	_		
disserta and fre	ation, with the Institu ee access purposes,	utional Repository of which are manda	of ISCAC, incorporated	ject work, internship report or I in the RCAAP, for preservation is of Article 50 of Decree-Law 536/2015 of 27 May.
_			•	ith the provisions of Order No.
1416//	2015 of 1 December, Text: PDF/A,	as to the authorize	d formats:	
-	Scientific data: CSV,	XML;		
-	Audio: MP3;			
-	Two-dimensional im	age: TIFF uncompre	essed;	
-	Vector image: SVG)			
• Immed	iate availability: □ Yes			
	☐ No: Embargo pe	riod:	_months   1 year	
	Justification	n:		
I grant ISCAC a	non-exclusive disclosi	ure license, fully pro	eserving my copyright	on this work.
			Coimbra,	
			Student's signature	