

**Della and Robert Burgess Research Paper Award Authorization Form
Eastern Oregon University Library**

Date: _____

Name: _____

Student Level: freshman sophomore junior senior

Title of Research Paper: _____

I give my permission for EOU library to retain and exhibit the submitted research paper.

Signature

----- **Faculty Verification** -----

I verify that the student named above has completed the submitted research paper in the indicated term and academic year.

Term: _____ **Academic Year:** _____

Faculty Name

Faculty Signature