**Data Analytics Capstone Release Form**

It is the policy of Western Governors University (WGU) that student capstone projects should not be based on or include any proprietary or classified information or material belonging to your employer or any other organization. Such material belongs to the third party and is referred to as “restricted information,” which requires you to obtain the party’s permission to include the work.

Accordingly, in conducting your capstone project you are required to make one of the following declarations:

* My capstone project is not based upon and does not include restricted information.
* My capstone project is based upon and/or includes restricted information. *Before* submitting any capstone work, I will obtain authorization to use the restricted information in the manner prescribed by WGU.

<Student Electronic or Original Signature> < Date>

**Authorization to Use Restricted Information**

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Instructions: Use the template below to produce a letter that will authorize your use of restricted information when this document is signed by an individual with the necessary authority within your employer company or another organization.

<Name, Title & Address>

<Date>

Re: Authorization to use proprietary and/or classified information in a student research project

Dear [*insert recipient’s name*],

The purpose of this letter is to authorize [*insert student name*]*,* a student at Western Governors University, to conduct a university capstone research project utilizing the following information and/or material owned or protected by [*insert name of organization*]:

[*Describe your capstone project and how specific information/material will be used.*]

By signing below, I represent that I am legally authorized to act on behalf of [*insert name of organization*] with respect to this authorization and that [*insert name of organization*] authorizes[*insert student name*] to use the information and/or material referenced above for the purposes of a student research project at Western Governors University and that I recognize that the information and/or material may be shared with university faculty and students.

<Signature> <Date>

<Title>

<Address>

<Email>

<Phone>