


&lt; Coauthor use &gt;

Day                      Month                      Year  
\_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

## Kyushu Institute of Technology Institutional Repository Registration Consent Form

To Full name of coauthor  
\_\_\_\_\_Name: \_\_\_\_\_ Seal  


Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

In accordance with the 'Kyushu Institute of Technology Institutional Repository publication utilization consent conditions', I give consent to the electronic publication of the paper below that I coauthored with yourself.

## Details

Thesis name: \_\_\_\_\_Author name: \_\_\_\_\_Magazine name: \_\_\_\_\_Vol. No.: \_\_\_\_\_Publication year: \_\_\_\_\_

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