

**LAGUARDIA COMMUNITY COLLEGE**  
CITY UNIVERSITY OF NEW YORK

**EPORTFOLIO RELEASE FORM**

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*Please Print Clearly*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Alt Email \_\_\_\_\_

Class Code and Section \_\_\_\_\_  
e.g. ACD101.2500, CEP100.0510,

I hereby give my permission to Prof. \_\_\_\_\_ and The LaGuardia Center for Teaching and Learning to share my ePortfolio(s) in academic and professional events as a means to demonstrate the work of LaGuardia students and to contribute to the growing community of practice of ePortfolios in teaching and learning.

I understand that by signing this release form, I hereby give permission to the LaGuardia Center for Teaching and Learning (CTL) to publish my ePortfolio(s) on the different websites of CTL for at least two years. After this period, it will be my option to have my ePortfolio taken down from any or all of the said sites.

I understand that signing this form is strictly voluntary and shall have absolutely no impact upon my grade in the above-referenced course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by \_\_\_\_\_ Date: \_\_\_\_\_  
Faculty/ Instructor Full Name