

# Itsy Release Form

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

Company/Group Requesting Itsy: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Itsy Colour: \_\_\_\_\_

Itsy Return Date: \_\_\_\_\_

By signing below and accepting this Itsy, the above named Company/Group guarantee that they will return the Itsy to the Wearable Group at Carnegie Mellon University by the above Return Date.

\_\_\_\_\_  
Signed for Company/Group Requesting Itsy

\_\_\_\_\_  
Signed for the Wearable Group