## Paper Release Form Presentation Release DE T&E Joint Conference - 3 – 6 Feb 2025 Authorization is hereby granted for the following paper to appear in the proceedings of the **DE T&E Joint** Conference. The paper must have proper markings. Please designate which proceedings the paper may appear in below. 1. AUTHOR INFORMATION Author(s) Names: Company Affiliation(s) Contact Phone #(s) Email(s) ADDITIONAL AUTHOR(s) (NAMES ONLY) **2. PAPER DETAILS** (All information must be filled out completely) A. Paper Title (Unclassified): B. Abstract ID Number: 25-DETE-3. PROCEEDINGS The primary author, representing all authors, wishes to publish the paper in the appropriate proceedings. Note that you are granting one-time permission to include your work in a DEPS copyrighted collection of the DE Joint T&E Conference. The above paper may be published in the checked proceedings if this level is created, or versions with greater restrictions, if applicable: Distribution A, Public Release Proceedings available to an unlimited audience O Limited Distribution D, Export Controlled Proceedings, No Foreign O Secret Proceedings (distribution to only those who request and who qualify using the paper's markings) **4.** Is this government funded work? O Yes O No (If yes, see Section 7 below) 5. Is this BA1-3 funded work? O Yes O No 6. AUTHOR SIGNATURE Author signature confirms that the author has obtained all approvals and releases to include this information in the DE T&E Joint Conference Proceedings, that all markings are correct, accurate, and in accordance with the author's organization. If applicable, distribution statements are marked in accordance with DoD 5230.24, the ITAR, and EAR, and that appropriate classification and downgrading information is properly displayed on the first page of all classified material. Classification/distribution markings on presentations must be accurately reflected on release forms (If markings change, you must submit updated release forms). Primary Author's Name and Address Signature/Date

## 6. SPONSORING DoD PROGRAM MANAGER'S SIGNATURE (Required for DoD funded work only)

Sponsor's Name and Organization	Signature/Date
Spanoar's Email	Phone number
Sponsor's Email	<u>Flione number</u>