Use of this software is your acceptance and compliance with the following:

1) I have read and agree to comply with Software End License Agreement for use of the software, manual and any related materials.
2) I understand that the test materials provided by the Authors of the Facial Action Coding System are on loan and that none of these materials are to be copied or reproduced by any means.
3) I understand that I may not distribute copies of any of these materials for any purpose or use whatsoever.
4) Undergraduates must have their supervisor's authorization to use this product.
5) Faculty members/Course Directors authorize and are responsible for their students' compliance with the terms of use of the materials.
6) You must not share or give access to anyone else the software, manual or other materials.
7) All users must get their Faculty member or Course Director to authorize their use of FACS.
8) Undergraduates will use the materials in the R/Centre.

Date:_____________ Faculty/Course Director's Signature: _________________________________

Date:_____________ Student/User Signature: _________________________________

User/Student Information:

Name _______________________________

E-Mail(York & preferred) _________________________________

Student Number _______________________________

Telephone Number/Ext. _______________________________

Course Number and Section: _______________________________

Authorizing & Sponsoring Faculty Member or Course Director: 

Name (Print) _______________________________

E-Mail _______________________________

Telephone Number/Ext. _______________________________