



Cover Name Collective Registration Form

All information on this form will eventually be made public. The purpose of this section is to preserve an accurate, detailed record of your work so that **you later have external evidence of authorship**. The Cover Name Collective does not verify or authenticate authorship; we simply maintain these records so that you can demonstrate your contribution when it is safe to do so. Please write clearly and provide as much information as you feel comfortable sharing.

Project Information

Pseudonym (as published):	
Title of Work/Presentation:	
Publication, Conference, or Venue:	
Date of Publication / Presentation:	
Other Authors or Contributors (if any):	
Additional Information (e.g., DOI, exhibition details, collection, editor, etc.):	

Optional Identifying Information

You do not need to include your legal name here. The goal of this section is to record the name or identity you are intending to protect with this form (the one that connects you to your pseudonym if you later choose to reclaim it).

Example: if your published pseudonym is *A.M. Rivers*, your professional name you plan to use later is *Alicia Rivera*, and your legal name is *Alejandra Treviso*, you may include *Alicia Rivera* here.

<input type="checkbox"/>	Professional / Protected Name:	
<input type="checkbox"/>	Academic Institution:	
<input type="checkbox"/>	Student ID/Perm Number:	
<input type="checkbox"/>	Year(s) Enrolled:	
<input type="checkbox"/>	Other:	



Faculty / Project Advisor Verification

I confirm that the individual listed above is the/a(n) author, creator, or contributor of the work named here. I understand that my name will be made public when these records are released.

Name:			
Title / Department:			
Institution:			
Signature:	Date:		

Independent Witness Verification

Note: Your independent witness can be anyone you trust (a friend, classmate, or community member). They do not need to be affiliated with your institution or have any academic role.

I am not involved in the project and can verify that the student and the pseudonym listed above refer to the same person. I understand that my name will be made public when these records are released.

Name:			
Relationship to student:			
Signature:	Date:		

Student Acknowledgment

I confirm that the information on this form is accurate to the best of my knowledge. I understand that:

- My information will be stored **offline**.
- The **Cover Name Collective** is an independent initiative and **not affiliated with UCSB or any other institution**.
- The **Collective does not provide legal protection or advice**. We are only and entirely a recordkeeping group.

Signature:	Date:	
Contact info:		

Registrar Use Only (Leave Blank)

Date Received		Record ID	
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