PsOCR Dataset Request Form

1. Applicant Information

Name: _____

Academic Title/Position: _____

Institution: _____

Department/Laboratory: _____

Country _____

Email Address _____

ORCID (Optional) _____

2. Research Information

Research Project Title: _____

Brief Description of Research Purpose: (How the PsOCR dataset will be used and the expected research outcomes.)

_____

_____

3. Requested Dataset Access

Please select the requested dataset:

☐ 100K Image Subset (Research purpose only)

☐ Full 1M Image Dataset (Subject to licensing agreement)

4. Usage Agreement

By signing this request form, I confirm that:

☐ The PsOCR dataset will be used strictly for educational and non-commercial research purposes only.

☐ I will not redistribute, publish, sell, or share the dataset or any part of it with unauthorized individuals or organizations.

☐ I will properly acknowledge and cite the PsOCR dataset and associated publication in any research output resulting from its use.

☐ I understand that commercial use of the PsOCR dataset is strictly prohibited without prior written permission.

5. Research Supervisor / Academic Verification

The request must be verified and signed by an academic researcher with a minimum rank of Assistant Professor or equivalent.

Name: _____

Academic Rank: _____

Institution: _____

Official Email Address: _____

Signature: _____

Date: _____

6. Applicant Declaration

I confirm that the information provided in this form is accurate and that I agree to comply with the PsOCR dataset usage policy.

Applicant Name: _____

Signature: _____

Date: _____