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SIGNATURE

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CITY, STATE, ZIP

If the person signing above is under 18 years old, the consent of a parent or guardian is required.

I _____ certify that I am the parent or guardian of the minor signing above and consent without reservations to the release agreement signed by him or her.

SIGNATURE

PRINT NAME

DATE

ADDRESS

PHONE NUMBER OR EMAIL

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PLEASE RETURN SIGNED RELEASE FORM TO:

Stony Brook University/SUNY
144 Administration Bldg.
Stony Brook, NY 11794-0605
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Tel: (631) 632-6394 Fax: (631) 632-4093



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