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PLEASE PRINT:

Student's Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I consent to the above release, as parent or legal guardian of the above named person.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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To be completed by Representative of Miami-Dade County Public Schools, at Edison Park Elementary School.

\_\_\_\_\_

Title

\_\_\_\_\_

Date