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Dr. Bill Coon, *Principal*

## Copyright Permission Form

I, \_\_\_\_\_, hereby grant the right for Meadow Glen Middle School to use the photographs I have provided for the "Choice to Serve" project. By signing this form, I am aware that my photos will be published electronically in a book and visible to the public. I verify that I have the right to authorize Meadow Glen Middle to use the photographs.

I agree to the terms outlined above.

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