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the Arkansas Economic Acceleration Foundation**

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(first, middle, and last name)

Signature: _____ Date: _____
(first, middle, and last name)

IF UNDER AGE 18, this form must be co-signed by a parent or guardian:

I certify that I am the parent or guardian of

(Name of Minor) _____,

and I hereby give my consent without reservation to this authorization on his/her behalf.

Signed,

(first, middle, and last name of parent or guardian)