



National Institutes of Health
National Institute on Drug Abuse
Bethesda, Maryland 20892

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Authorization and Release**

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Date

Print Full Name _____

Parent/Guardian’s Signature

Street Address, City, State, and Zip

For Minors (under the age of 18)

I, the undersigned, being the parent and/or guardian of the above named minor, do hereby consent to the above authorization and release. I hereby warrant that I have read the above authorization and release, prior to its execution, and that I fully understand the contents, meaning, and impact of this authorization and release.

Date

Print Youth’s Full Name

Print Parent/Guardian’s Full Name

Parent/Guardian’s Signature

Street Address, City, State, and Zip