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FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE  
P.O. BOX 35236 • FAYETTEVILLE, NORTH CAROLINA 28303-0236

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*Dr. J. Larry Keen, President*

TO: Registrar  
Corporate and Continuing Education

FROM: \_\_\_\_\_  
(Principal/Guidance Counselor)

\_\_\_\_\_  
(School)

DATE: \_\_\_\_\_

SUBJECT: Student under age 18

As Principal/Guidance Counselor, I give permission to \_\_\_\_\_

to attend the Alive at 25 class at Fayetteville Technical Community College.

\_\_\_\_\_  
Signature of Principal or Guidance Counselor

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