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Date:					
To:	HR Records – Fax #: (505) 845-0097				
From:					
	Print Employee Name				
SNL ID#:	Mail St	Mail Stop:			
Please relea	ase my employment informat	tion, to the following	contact, for the c	out-of-state t	uition waiver:
	Contact Name:	Deana Williams			<u> </u>
	Company Name: The University of				
	Phone Number: (512) 475-7408				
	E-Mail Address: deana.williams@austin.utexas.edu				
This release	applies to the following sem	nester (choose one	only):		
	<u>SEMESTER</u>		<u>DEADLINE</u>		
Spring Summer Fall			December 15 May 15 July 30		
Student's inf	formation:				
		NAME	U	JT ID#	
	Employee Signature		Phone Number		

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