

Tyla Merrill	, (informant) consent to be interviewed by
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	our name in the signature space below or print this form and sign by hand, document and agreeing to the above conditions)
Participant Signature	Date 12-3-20
Printed Name of Participant The M	
Parent/Guardian Signature (If participant	
Printed Name of Parent/Guardian	
Participant Address	
City State	Postal Code
Participant Telephone 303-332	-4277 E-mail Tylumerall Qymanl, Com
Restrictions:	
☐ In the event of publication or pu	blic presentation, I would prefer that actual names be withheld.
Interviewer Signature	sa Robertson Date 12/4/2020

Printed Name of Interviewer Melissa Robertson