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Course: CDS 302-001

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- Pursuant to Code of Virginia § 23.1-405(C), I consent to the disclosure of my email, phone number, and address to third parties for the purposes of participating in course related activities, such as internship, practicums, volunteer work or other events. I understand: (1) I have the right not to consent to the release of my student contact information, (2) the information may be released orally or in written form, and (3) that I may revoke this consent at any time.

Signature: Byron Washington

Date: 1/21/2025