



كلية طب وايل كورنيل في قطر
Weill Cornell Medical College in Qatar

CONSENT & RELEASE FORM

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Date: 10/21/15
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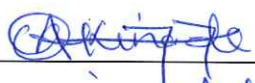
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Signature: 
Print name: Klumi Akinade

Parent /Guardian signature (if student is under 18)

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Address: _____
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Witness: 

Please complete and return to the Office of Government & Public Affairs, WCMC-Q.