

Dear Parent of Twins:

Thank you for sending us your twins' story(ies). We are always delighted to read the unique stories from our participants.

We hope to use your story on our web site, in our newsletter, or other MATR publications. **Please confirm your permission to have us use the story about your twins by signing and returning the consent form below.** If we use your story in our newsletter, you may contact us to request additional copies.

Once again, thank you for your continued support of our research. We wish the best to you and your family.

Sincerely,

The Mid-Atlantic Twin Registry

I authorize the Mid-Atlantic Twin Registry (MATR) to use the story(ies) of my
twins, _____ and _____ ,
Name of First Twin *Name of Second Twin*

that I submitted to the MATR. I understand that any story I submit may be published or used on the MATR web site, in the MATR's newsletter, or other publications. I understand that my name and/or my twins' names may be used along with my story and that my story may be edited from its original format. I understand that the publication of my story may disclose the fact that the persons in the story are twins or that I am a parent of legal guardian of twins.

Signed:

Please Print Your Name

Please Sign Your Name

Date: _____

Please return the signed form to:

**MATR Story Submission
PO Box 980617
Richmond, VA 23298**