

Dear Twin:

Thank you for sending us your 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. **So that we may respect the privacy of all MATR participants, we request that both you and your twin confirm your permission for use of this story by signing 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) I submitted to the MATR. I understand that any story I submit may be used on the MATR web site, in the MATR's newsletter, or in other publications. I understand that my name may be published or 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:

**TWIN 1:** \_\_\_\_\_  
*Please Print your name* *Please Sign Your Name*

Date: \_\_\_\_\_

**TWIN 2:** \_\_\_\_\_  
*Please Print Your Name* *Please Sign Your Name*

Date: \_\_\_\_\_

**Please return the signed form to:**

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