<u>To:</u>								
(Name of Institution)								
				Aut	horization			
				<u> </u>	<u> </u>			
	I,							, authorize
			(Name of	Applicant)			
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		1		e Instituti			11.01	
release	my	personal	data	as	regards	my	qualification	attainment,
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	(The (qualification award	 led)		to	the O	ccupational The	rapists Board
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