

## RELEASE FORM

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WIC Participant (infant/child) Name(s): \_\_\_\_\_  
\_\_\_\_\_

WIC Payee/Parent/Guardian Name: \_\_\_\_\_ WIC

Payee/Parent/Guardian Signature: \_\_\_\_\_ I am

over 18 years of age. Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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