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RACC Institutional Representative
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Signature**

Signature

Signature: *

Name: *

Position: *

Phone: *

Email: *

Date: *

AFFIRMATION OF COMPLIANCE WITH RACC CONSORTIUM PRINCIPLES AND CRITERIA. This application has been reviewed and authorized by the sponsor's president or CEO. The sponsor agrees that its designated subdivisions will comply with the 2011-2013 RACC Principles and Criteria.

I Agree

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