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## AUTHORIZATION OR RESCISSION OF AUTHORIZATION TO PERMIT ACCESS TO APPLICATION-AS-FILED BY PARTICIPATING OFFICES

Send completed form to: Commissioner for Patents  
P.O. Box 1450, Alexandria, VA 22313-1450

Application Number (if known):	Filing Date:
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First Named Inventor:	Attorney Docket Number:
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Title (Required)

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Signature	Date
Name (Print/Typed)	Practitioner Registration Number (If applicable)
Name of Assignee (if applicable)	Title (if applicable)

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