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

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