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WITNESS REGISTRATION

Committee Name:	Joint	Committee	on	Student	Suc	cess		
Public Hearing on:						14/19		
Please register if you wish to testify on the above-named measure/issue. Please print legibly.								

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
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