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Contact details.	
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Family name:First na	ame:
Personal address:	
Organisation: CENTRE UNIVERSITAIRE CONDORCET – LE CREUSO	OT
Currently studying:	Year:
E-mail:	Cell phone number:
→ To be complete by the student if he/she is 18 years or more at the	
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Cell phone number:	Cell phone number:
→ I (we) expressly waive my (our) right to any financial considerate years from the date of this authorisation. I (we) acknowledge that (we) certify having taken note of the fact that this authorization I(we) understand that no royalty, fee or other compensation shall be	I (we) have read this document and understand its terms. I of the use of my(his/her) image is free and non-exclusive.
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