

## **Sample Permission Form**

## Never-Fail Writing Method Consent Form

Choose all that apply:	
□ I understand my permission is volu	intary.
<ul> <li>I give permission for my writing to be e-Learning at <u>www.calp.ca</u>.</li> </ul>	oe used in the Never-Fail Writing Method
<ul> <li>I give permission for my voice reco</li> <li>Writing Method e-Learning at www</li> </ul>	
Choose one:	
I want to use my:	
□ First name	
□ Initials	
□ Fake name	
□ No name	
I can contact the Community Learning N where my writing is used at (780) 485-49	
Signature	Date
Printed Name	Contact Phone Number
CALP Contact Name	CALP Contact Email



