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_____ requests a waiver of the 2022 Membership Subscription.

Name of Institution

Waiver requested by:

Title	First Name	Last Name
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Position at Institution

Email	Phone
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Reason for waiver request:

Optional Donation (in lieu of membership subscription)

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Donations can be made by:

- Check** payable to "Scholars at Risk"
- Credit card:** Visit www.scholarsatrisk.org/membership-subscriptions/
- Wire transfer:** Contact SAR for instructions.

Signature

Institution's President, Provost, or Equivalent

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