

## Students Permission Form

### SEJ Organisation with UNIVERSITY NAME

We would love to keep you posted with up-to-date information to support you with your SEJ practice. If you would like to be kept informed, please would you sign, date, and put your email to give your permission. In addition, if you are happy to add a testimonial or comment please do so. Thank you.

**Permission:**

Name: ..... Email: .....

Signature: ..... Date: .....

**Add a testimonial / comment below:**

Can we contact you about this comment/testimonial? Please circle your preference. Yes / No (Ensure to give your email address)

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