



**CALIFORNIA COMMUNITY COLLEGES  
EXTENDED OPPORTUNITY PROGRAMS & SERVICES ASSOCIATION  
(CCCEOPSA)**

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My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (Please Print)

\_\_\_\_\_  
College of Attendance/Employment (if applicable)

\_\_\_\_\_  
CCCEOPSA Activity/Event