



OGSR – ACKNOWLEDGEMENT BY EDUCATOR AGREEMENT

Effective Date: November 16, 2015

License Number: QM032612

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Licensee College/University: Universidade Estadual de Londrina

Study Term: Beginning 12/01/15 and ending 11/30/16

Licensed Surveys: SF-36v2®

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Educator Address: _____

Educator e-Mail Address: _____

Approved Purpose: Quality of life among professionals retired due to disability of a Public University.

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IN WITNESS WHEREOF, the Educator has executed this Acknowledgement by Educator as the date set forth below.

ACKNOWLEDGED, ACCEPTED, AND AGREED TO:

[Educator]

Signature: _____

Name: _____

Title: _____

Date: _____