

**RESULT OF HEARING FORM**

Author: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Date of this Document: \_\_\_\_\_

Summary of Results:

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Signatures of Members of the Committee:

Date: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requester:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Recorder/Transcriber:

\_\_\_\_\_ Date \_\_\_\_\_