



**University of Washington**

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STUDENT NAME  
ADDRESS  
CITY, STATE

Dear [student name]:

July, 1999

We appreciate the time and effort you put into completing the University of Washington's Campus Climate survey. Your input is valuable, however, we cannot use your data without your signed consent..

We have enclosed another consent form and a prepaid envelope for your convenience. Be assured the consent forms are separated from the data upon their arrival at the Office of Educational Assessment. Your signature and name will not be associated with the data you have returned.

Again, thank you for your participation.

Sincerely,

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