



RECEIPT OF STUDIO POLICIES FORM

VELARDE VOICE, LLC
RACHEL VELARDE, MM, MM
6801 E. LOMA LAND DR., SCOTTSDALE, AZ 85257

Today's date _____

I, the undersigned student, have received a Studio Policies Statement from VELARDE VOICE, LLC/Rachel Velarde, MM, MM. I understand and agree to abide by all stated policies.

Student signature

Student printed name

Responsible Party signature (if different from Student)

Responsible Party printed name