



## Digital Edition Order Form

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**Victoria Advocate**  
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Teacher name: \_\_\_\_\_

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School name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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School phone: \_\_\_\_\_

# of classes using digital edition: \_\_\_\_\_

# of students per class: \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**I affirm that this access will be used in my classroom  
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**Teacher Signature:** \_\_\_\_\_

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