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| **DEFAULT SIGNATURE**  | **SIGNATURE W/PREFERRED PRONOUNS**  |
| .....................................................  **First Last** **Job Title****Department or Office****El Camino College**Office: 310-660-3593 x ####email@elcamino.edu El Camino College Logo   | .....................................................  **First Last** *(pronouns)***Job Title****Department or Office****El Camino College**Office: 310-660-3593 x ####email@elcamino.eduEl Camino College Logo   |

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| **SIGNATURE W/OFFICE HOURS** | **SIGNATURE W/GROUPS**  |
| .....................................................  **First Last** **Job Title****Department or Office****El Camino College**Office: 310-660-3593 x ####Office Hours: MWF 9-11:30am | TuTh 5-7pm email@elcamino.edu El Camino College Logo   | .....................................................  **First Last****Job Title****Department or Office****El Camino College**Office: 310-660-3593 x ####Advisory Committee on Race and Equity | LGBTQIA+ Safe Zone Project Committee | Warrior Wellness Committeeemail@elcamino.eduEl Camino College Logo   |

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| **75TH ANNIVERSARY SIGNATURE**  | **TAGLINE SIGNATURE**  |
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| **SIGNATURE W/MULTIPLE NUMBERS**.....................................................  **First Last** **Job Title****Department or Office****El Camino College**Office: 310-660-3593 x ####Cell: 310-123-4567Fax: 310-456-7890email@elcamino.edu El Camino College Logo **ATHLETICS SIGNATURE**  |
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