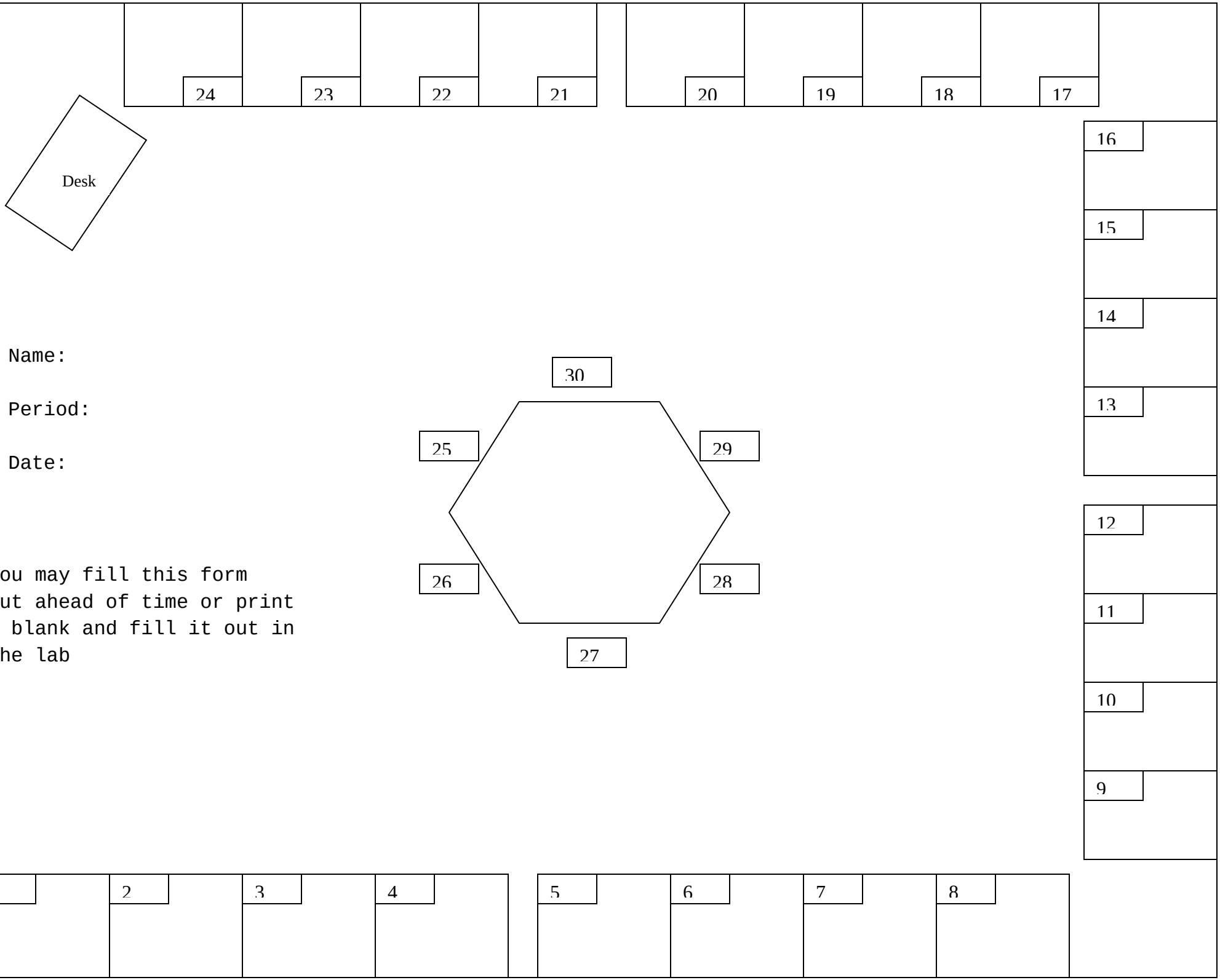

Name:

Period:

Date:

You may fill this form out ahead of time or print a blank and fill it out in the lab