

TYPE ID TAG



Name: _____

Telephone: _____

MCAD Course/Project: _____

Instructor: _____

Date Begun: _____

Type Name: _____

Type Size: _____

Secondary Type Name: _____

Type Name: _____

Type Size: _____

Date Distributed: _____

Type Deposit Given: _____

Keep this record in the gallery with your type and return it to your instructor or to MCAD staff when distributed to receive your type deposit.

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