



Acknowledgment Permission Form

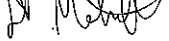
Journal STROKE

Manuscript Number _____

First Author Babyar, Suzanne

Title of Work Research Article: Lesion Localization of Post-Stroke Lateropulsion

Authors must provide written permission/approval from all individuals mentioned by name in the Acknowledgments section of a submitted manuscript. By signing this form, any and all acknowledged persons therefore state that they have read and approved the mention of their names in the Acknowledgment section of the aforementioned paper.

Name (1)	<u>Hana Mahallati</u>	Signature		Date	<u>8/18/18</u>
Name (2)	_____	Signature	_____	Date	_____
Name (3)	_____	Signature	_____	Date	_____
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Name (1) <u>Divija Chopra</u>	Signature <u><i>Divija Chopra</i></u>	Date <u>8/21</u>
Name (2) _____	Signature _____	Date _____
Name (3) _____	Signature _____	Date _____
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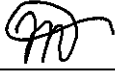
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Name (1)	<u>Maria Lopez Cavestany</u>	Signature 	Date <u>8/20/2018</u>
Name (2)	_____	Signature _____	Date _____
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Name (1)	<u>Sam Snyder</u>	Signature	<u>Sam Snyder</u>	<small>Digitally signed by Sam Snyder Date: 2018.08.19 13:38:13 -05'00'</small>	Date	<u>08/19/18</u>
Name (2)	_____	Signature	_____		Date	_____
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American Heart Association | American Stroke Association

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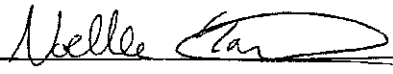
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Name (1)	<u>Noelle Santos</u>	Signature	<u></u>	Date	<u>8/19/2018</u>
Name (2)	_____	Signature	_____	Date	_____
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Name (1)	<u>Joel Buss</u>	Signature	<u>[Handwritten Signature]</u>	Date	<u>8/20/18</u>
Name (2)	_____	Signature	_____	Date	_____
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Name (1)	<u>Mark Bowren</u>	Signature	<u>Mark Bowren</u>	<small>Digitally signed by Mark Bowren Date: 2018.08.20 15:41:22 -05'00'</small>	Date	<u>08-20-18</u>
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