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**August 1, 2019**

**Due to the short notice that I am requesting my child's shot record I am agreeing to pay the office \$5.00 for a copy of the shot record. You may call 1-800-259-4444 to request a free copy.**

**Child's Name** \_\_\_\_\_

**Child's DOB** \_\_\_\_\_

**Child's SS#** \_\_\_\_\_

**Parents Signature** \_\_\_\_\_