

AUTHORIZATION TO OBTAIN RECORDS

I Hereby Authorize:

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To Obtain Records From:

Records we are requesting: _____

- 1. _____
Last Name First Name MI DOB
- 2. _____
Last Name First Name MI DOB
- 3. _____
Last Name First Name MI DOB

Parent / Guardian Signature X _____ Date: _____

Parent / Guardian Address: _____

