

Sherburne-Earlville High School

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IMMUNIZATION REQUEST

- Mail, email or fax the form to the address/fax number above
"Attn: Susan Turner, Counseling Office"/email: turners@seonline.org

Name (please provide maiden name): _____

Daytime Phone Number: _____

Date of Birth: _____

Year of Graduation or Attendance: _____

How Many Copies: _____

Where Immunizations Need to Be Sent:

- _____
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Please Allow Time for Processing.

Signature: _____

Date: _____