



*Absegami High School
201 S. Wrangleboro Road
Galloway, NJ 08205*

*Telephone: 609-652-1372 Fax: 609-652-0139
Nurses Office: 609-404-2025*

Date _____

Dear Parent and or Guardians of Absegami Seniors:

If you would like a copy of your child's immunization record for college admission requirements or to keep for your personal use, please sign the attached permission/release form and we will be happy to provide one copy of their immunization record.

Sincerely
Absegami School Nurse's Office

**I _____ give permission for my
child _____ (DOB) _____ to
receive a copy of his/her immunization record from
Absegami School Nurse's Office.**

Parent Signature _____