

**Auburn University Montgomery**

**Student Health Services**

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**Release of Records**

This is to verify that a copy of the following records and/or lab results were given to

Dawnese Bowen on 5-9-18  
Print Patient's Name Date

Description of record(s) copied: Release of Immunization  
records.

Dawnese Bowen  
Patient's Signature  
5-9-18  
Date