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Research & Development



То:		From:		
Fax:		Pages:		
Phone:		Date:		
Re:		cc:		
AS PER YOUR REQUESTED FAX THE FOLLOWING SERVICES WERE PROVIDED				
		_		
Student's Name:	DO	В	Local ID	
Grade	School			
School Supplies Provided:				
Services Provided: (Glasses/Medical/Dental):				
PEIMS Notification on:				
Additional comments/notes:				

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