



School District Name: _____ School Name: _____

Individual's Name: _____ SSN: _____ — _____ — _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____

Program: Seizure Rescue Medication Training for School Employee volunteers

Amount: \$25.00

Please return from to Betsi Patino, email bpatino@utah.gov

Please allow 6-8 weeks for your check to arrive.
Finet: 1000-270-4359-LEJ

Signature

Date