



Urgent Care Express Rebates for Education

Certificate Redemption Form

School Name: _____ **District:** _____

School Phone: _____ **Fax:** _____

Physical Address: _____

Mailing Address: _____

Coordinator's Name: _____ **Position:** _____

Coordinator's Phone: _____ **Fax:** _____

Coordinator's Email: _____

Program Coordinator Certification

I am submitting _____ certificates to be redeemed. I certify that these are authentic and were collected within the rules of the program. This is the (1st 2nd 3rd 4th – circle one)* quarter submission for this academic year.

Signed Position Date

Please include your comments and suggestions to improve the program:

*Program rules allow for certificate redemption no more than quarterly.