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D(ña). \_\_\_\_\_ domiciliado/a  
en \_\_\_\_\_ Calle o Plaza \_\_\_\_\_  
\_\_\_\_\_ teléfono \_\_\_\_\_ con  
N.I.F. \_\_\_\_\_ de fecha \_\_\_\_\_

EXPONE:

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Por lo que,  
SOLICITA:

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Colmenar Viejo, \_\_\_\_\_ de \_\_\_\_\_ de 20\_\_

Firma:

SEÑOR DIRECTOR DEL IES ROSA CHACEL DE COLMENAR VIEJO (MADRID)