

ELK GROVE HIGH SCHOOL
ALUMNI IMMUNIZATION REQUEST FORM



✦ A photocopy of your current Driver's License or State Identification must be submitted with this form ✦

Number of copies requested \$10.00 each

Print current information

Name _____ Maiden _____ Graduation Year _____
Address _____ Date of Birth _____
City, State, Zip _____ Phone _____
Signature of Alumni (**not parent**) _____ Date _____

I give permission to mail my high school immunization record to:

Name _____
Attention _____
Address _____
City, State, Zip _____

PLEASE NOTE:

- ✦ Mail your request form (verbal, faxed or e-mail requests are not accepted).
- ✦ Only you can request/sign for your immunization record to be released.
- ✦ **Requests will not be processed without a completed form that includes your signature, payment and a photo ID.**

MAIL TO: Elk Grove High School
Attention: Registrar
500 W. Elk Grove Blvd.
Elk Grove Village, IL 60007

OFFICE USE ONLY

Date Received _____ Total Fee Received _____ Date Mailed _____