

**JOHN HERSEY 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

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 \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**EMAIL:** [carole.schwichtenber@d214.org](mailto:carole.schwichtenber@d214.org)

**MAIL TO:** John Hersey High School, 1900 E. Thomas Street, Arlington Heights, IL 60004

**Requests will be processed with a signed form, copy of photo ID and payment.**

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**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Total Fee Received \_\_\_\_\_ Date Mailed \_\_\_\_\_ Rev. 11/23 jks