



Registrar
Elk Grove High School
500 W. Elk Grove Blvd.
Elk Grove Village, IL 60007
(847)-718-4514

ALUMNI IMMUNIZATION RECORD REQUEST FORM
(PLEASE PRINT)

Name _____ Maiden _____ Graduation Year _____

Address _____ Date of Birth _____

City, State, Zip _____ Phone _____

I give my permission to release my high school medical records to the following:

College or Employer _____

Attention _____

Address _____

City, State, Zip _____

Signature of Alumni (not parent) _____

Please enclose \$3.00 processing fee and return to registrar.
Thank You