

IMMUNIZATION/HEALTH RECORDS - FORMER STUDENTS

NAPERVILLE NORTH HIGH SCHOOL

Registrar Office — 899 North Mill Street — Naperville, IL 60563 — 1-630-420-6528

- Requests will be processed within two business days of receiving the request.
- Payment and your signature are required for processing.
- \$3.00 processing fee, cash, check, or money order made payable to: NNHS.
- Print out and complete this entire form and mail it along with payment to:

Registrar
Naperville North High School
899 North Mill Street
Naperville, IL 60563

Name: _____
Last (maiden name, if applicable) First Middle

_____/_____/_____
Date of Birth Graduation Year Phone # (required for contact if there is a problem processing request)

I hereby authorize Naperville North High School to release my immunization/health records as requested below.

Signature: _____ Date: _____

Check one or more: mail fax email

School/Organization: _____

Address: _____

City/State/Zip: _____

Fax: _____

Email: _____

Office Use Only: Paid \$ _____ Date Processed _____