

**WHEELING 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:** Wheeling High School  
Attention: Registrar  
900 S. Elmhurst Rd.  
Wheeling, IL 60090

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**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Total Fee Received \_\_\_\_\_ Date Mailed \_\_\_\_\_