

DOWNERS GROVE SOUTH HIGH SCHOOL

1436 Norfolk
Downers Grove, IL 60516

Authorization to Release Immunization Records

Today's Date: _____

Graduation Date (m/yr): _____

Name: _____

Date of Birth: _____

Maiden Name: _____

Phone: _____

I _____ authorize Downers Grove South High School
Signature
to release information about my immunizations to _____.

I would like the records to be sent via:

- mail
- email
- fax
- I will pick up the records

Name of recipient, college, or organization: _____

Address: _____

Email: _____

Fax: _____

Submit this form to the DGS Nurse's Office
phone:(630)795-8528
fax:(630)795-7192
email: south-nurse@csd99.org
Allow 2-3 school days for records to be released

Deadline (if any)

Information on this form may include immunizations, name, address and phone, physical examination and health history. I understand that I have the right to review the contents of these records prior to their release.

Official use only:

Date Received _____

Date Sent _____