Registrar
John Hersey High School
1900 E. Thomas Street
Arlington Heights, IL 60004
(847)-718-4964

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 transcript to the following:

College or Employer_____

Attention _____

Address_____

City, State, Zip_____

Signature of Alumni (<u>not parent</u>)_____

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