



Quincy Senior High School
3322 Maine Street
Quincy, IL 62301
(217) 224-3770

Immunization Request Form

- Payment and a signature are required for processing. The fee for each immunization record is \$1.00.
- Your requests will be faxed or sent first class mail within 7-10 business days of receiving this request during the academic school year. If this request is in the summer months, additional time is required.
- Print out and complete this entire form and mail it along with payment to:

Quincy Senior High School
Attn: Nurse's Office
3322 Maine Street
Quincy, IL 62301

Name: _____		
Last	First	Middle
Maiden or Former Name: _____		
Date of Birth: _____		
Year of Graduation: _____ OR Years of Attendance _____		
Address: _____ City: _____ State _____ Zip _____		
Phone #: (Required for contact if there is a problem processing request.) _____		

SEND IMMUNIZATION RECORD TO: (Please Print)

Institution/Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

I hereby authorize Quincy Senior High School to release my immunization records to the address listed above:

Signature _____ *Date* _____

FOR OFFICE USE ONLY Date request received _____ Date Request Mailed/faxed _____ By _____
