

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 Mai	led/faxed By	