



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 _____
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