**IMMUNIZATION REQUEST FORM**

**A Signature is required for processing. Your request will be faxed, emailed, or sent first class mail within 7 - 10 business days of receiving this request. Print out and complete this entire form and email, fax, or mail it to the address below.**

Quincy Senior High School

Attention: Nursing Office

3322 Maine Street

Quincy IL 62301

Fax: 217-221-3492

Email: mccausam@qps.org

 stoutja@qps.org

Name:

 Last First Middle

Maiden or Fromer 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 RECORDS TO: (Please Print)**

Institution / Organization:

Attention:

Fax or Email Address:

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: By: