



# Health Record Request Form

Please accurately fill out all necessary information below.

Mail original, signed form with copy of photo ID to:

Registrar  
Glenbrook North High School  
2300 Shermer Road  
Northbrook, IL 60062

This request must be originated by the alumni unless he/she is under the age of 18.

## Student Information:

Name when attended GBN: \_\_\_\_\_

Current Name (If Different): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Dates of Attendance (example 1999 – 2003): \_\_\_\_\_

Address when attended GBN: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

**Health Record/Immunization**

Address to mail health record to:

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_

*I hereby authorize Glenbrook North High School to release my health records to the institution listed above.*

Alumni Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A photocopy of your State Driver's License or State ID, must accompany this form to release any record.