



LEMONT HIGH SCHOOL MEDICAL/IMMUNIZATION RECORDS RELEASE

Lemont High School • 800 Porter Street • Lemont, IL 60439 • (630) 257-5838 • www.lhs210.net

Please return this form to School Nurse Katie Dulle. It may be returned:

In person in the Main Office • Via e-mail at kdulle@lhs210.net • Via fax at (630) 243-7904

Please allow at least one week for this request to be processed.

Graduate's Full Name: _____ Graduation Year _____
(please print – include maiden name in parentheses, if applicable)

Phone Number: _____ E-mail address: _____

Date of Birth: ____ / ____ / ____

College/University/Employer: _____

College/University/Employer Address: _____
(Street) (City) (State) (Zip)

I hereby authorize Lemont High School to forward my medical and/or immunization records to the person, institution or organization named above.

SIGNATURE: _____ DATE: ____ / ____ / ____

FOR OFFICE USE ONLY

DATE REQUEST RECEIVED: ____ / ____ / ____

DATE REQUEST PROCESSED: ____ / ____ / ____

PROCESSED BY: _____