



# Alumni Health Record Request Form

Please accurately fill out all necessary information below.  
Mail original, signed form with copy of photo ID to:

Registrar  
Glenbrook South High School  
4000 West Lake Ave  
Glenview, IL 60026

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

## Student Information:

Name when attended GBS: \_\_\_\_\_  
Current Name (If Different): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_  
Dates of Attendance (example 1999 – 2003): \_\_\_\_\_  
Address when attended GBS: \_\_\_\_\_  
Reason for Request: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Health Record/Immunization

Address to mail health record to:

Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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

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