

FOR GRADUATES/FORMER STUDENTS ONLY

MOUNT OLIVE HIGH SCHOOL  
IMMUNIZATION RECORD  
REQUEST FORM

Please allow FIVE SCHOOL DAYS for processing

\_\_\_\_\_  
Name (Include Maiden Name if necessary)

\_\_\_\_\_  
Year Graduated

**PLEASE FORWARD MY IMMUNIZATION RECORD TO:**

\_\_\_\_\_  
NAME OF COLLEGE / UNIVERSITY / HOME

\_\_\_\_\_  
ADDRESS, P.O. BOX

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PHONE NUMBER