

**STUDENT REQUEST TO RELEASE HEALTH INFORMATION RECORDS
NORTH HIGH SCHOOL ALUMNI ONLY**

I authorize Community High School District 99 North High School to release the following school record(s):

_____ **Health Record:** may include name, address and phone, physician's name, inoculation history, health history, medications, and findings of physical examination and date.
Quantity

\$5.00 PER HEALTH RECORD - PAYABLE BY CASH OR MONEY ORDER ONLY.

RECORDS USUALLY AVAILABLE BY NEXT BUSINESS DAY.

Student Name (PLEASE PRINT)

North ID Number (if known)

Maiden Name

Graduation Year

Date of Birth

Daytime Phone Number

Signature

- To be picked up
 Mail to address below:

Name of Recipient, College, or Organization

Address

City, State, Zip Code

Fax: _____

Email: _____

Special Notes:

Mail Request for Records to: Health Office, Downers Grove North High School, 4436 Main St, Downers Grove, IL 60515

Fax requests to: 630-795-8399

Date: _____ Qty: _____ Amount Due: _____ Paid Rcvd' by: _____