



**Avon High School**  
**7575 E County Road 150 S**  
**Avon, Indiana 46123**  
**317.544.5000**



**alumnirecords@avon-schools.org**

**Permission to Release Immunizations and/or Birth Certificate**

Please complete and return via email to [alumnirecords@avon-schools.org](mailto:alumnirecords@avon-schools.org)

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

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

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

Maiden Name (or other last name while enrolled at AHS): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Graduation/Withdrawal: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Documents to send:      Birth Certificate                      Immunization Record

Email address to send documents to: \_\_\_\_\_

To release your personal information, we must first obtain your written consent. By signing below, you authorize Avon High School, located in Avon, Indiana, to release a copy of your specified records to the recipient listed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date