

Lockport Township High School – District 205

RELEASE OF INFORMATION FORM FOR **FORMER** STUDENTS

Please fax this form to 815-588-8359

I give Lockport Township High School my permission to **release my immunization record** to the following:

(State the complete name and mailing address to whom your immunization record is to be sent below. If you want it faxed list the name of person the fax will be going to and fax number or if you want it scanned to an email list that information below)

My PRINTED name as it was in high school – (Maiden name for female):

Year of graduation or year you left LTHS: _____

Date of birth: _____

Telephone number: _____

Purpose (Employment / School / Other): _____

Your Signature: _____

When we receive your signed, written request, we will process it within 48 – 96 hours of receipt. If you have scanning capability, scan this release to: mmarciniak@lths.org Or lknowles@lths.org

Thank you.