

LOCKPORT TOWNSHIP HIGH SCHOOL, DISTRICT 205

1333 E. 7th St.

Lockport, IL 60441-3898

FAX – 815/588/8359

RELEASE of IMMUNIZATION RECORD

*I give permission for Lockport Township High School,
East Campus, District 205, to release my immunization
record to the following:*

Name of Health Services

Dept. _____

Complete Address _____

City _____ *State* _____ *Zipcode* _____

NAME OF STUDENT (*PLEASE PRINT CLEARLY*):

***THIS PERMISSION IS EFFECTIVE FOR 90 DAYS ONLY. SHOULD
YOU NEED RECORDS AFTER 90 DAYS, YOU WILL BE REQUIRED TO
SIGN ANOTHER FORM TO RELEASE RECORDS.***

STUDENT SIGNATURE

DATE