



# Plainfield East High School

## RECORDS RELEASE AUTHORIZATION TRANSCRIPT/IMMUNIZATION

(Please Print)

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First (Maiden)

Phone # \_\_\_\_\_

Birth date \_\_\_\_\_ Graduation Year \_\_\_\_\_

Circle Requested Document

Transcript  
Immunization Records

Mail To: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature of Former Student: \_\_\_\_\_

Please fax this form to 815-577-2431 OR Mail to: 12001 S Naperville Road  
Plainfield, IL 60585

Email: [MMcLerno@psd202.org](mailto:MMcLerno@psd202.org) - Alpha A-K  
[jsiekerm@psd202.org](mailto:jsiekerm@psd202.org) - Alpha L-Z

Attn: Registrar

Allow 3 days processing time