Plainfield East High School

RECORDS RELEASE AUTHORIZATION

IMMUNIZATION

(Please Print)

Allow 3 days processing time from day of PEHS receipt.

. Date: _____

Name: _____ _____ _____
Last First (Maiden)

Phone #: _____

Birth Date: _____ Graduation Year: _____

Mail To: _____

Address: _____

City/State/Zip: _____

Signature of Former Student: _____
Attach a copy of your Driver's License

Send completed form and copy of Driver's License to one of the following:

Fax #: (815) 577-2431

Mail to: PEHS Registrar
12001 S. Naperville Road
Plainfield, IL 60585

Email: jschwerd@psd202.org - Alpha A-K
tcreghin@psd202.org - Alpha L-Z