



Plainfield East High School

RECORDS RELEASE AUTHORIZATION IMMUNIZATION (Please Print)

**Allow 3 business days processing time from day of PEHS receipt.
Attach a copy of your Driver's License.**

Today's Date: _____ Graduation Year: _____

Student Name: _____
Last First (Maiden)

Phone #: _____ Birth Date: _____

I will pick-up at PEHS. OR Please mail to below address.

Mail To: _____

Address: _____

City/State/Zip: _____

Signature of Former Student: _____

Send this completed form and a 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 for Alpha A - K
tcreghin@psd202.org for Alpha L - Z