



Plainfield East High School

IMMUNIZATION RECORDS RELEASE AUTHORIZATION *(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. Please email. *See Below.* Please mail. *See Below.*

Email To: _____

Mail To: _____

Mailing Address: _____

City/State/Zip: _____

Signature of Former Student: _____

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

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

Mailing Address: Registrar
Plainfield East H.S.
12001 S. Naperville Road
Plainfield, IL 60585

Fax #: (815) 577-2431