



Alumni/ae Immunization Record Request

1. Complete the Alumni/ae Immunization Record Request Form (below).
2. A \$2 fee is required for each request. (Requests will not be processed without the appropriate fee.)
3. Immunization records are available since 1989.
4. Mail requests to: Registrar's Office
Guerin College Preparatory High School
8001 West Belmont Avenue
River Grove, Illinois 60171

Alumni/ae Immunization Record Request Form

Name _____ Maiden _____

Graduation Date _____ Date of Birth _____

Address _____

City, State, Zip Code _____

Phone _____ Email _____

I grant permission to release my immunization record to the following:

College/Employer/Self or Special instructions _____

Attention (name): _____

City, State, Zip Code _____

Signature _____ Date _____

If under 18, parental signature _____

OFFICE USE:

Date received _____ Date Processed _____ Paid _____ Mailed/Picked Up/Faxed _____