



**Willowbrook High School  
Health Services  
1250 S. Ardmore  
Villa Park, Illinois 60181**

**Authorization to Release Immunization Records**

Today's Date \_\_\_\_\_ Month/Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_  
Last name First Middle

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

I \_\_\_\_\_ authorize District 88, Willowbrook High School,  
Signature  
to release my immunization information to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
(and/or Fax #)

The FERPA/HIPAA Act of 1996 was enacted to improve the efficiency and effectiveness of the education and health care system through the establishment of national standards and requirements for electronic health care transactions and to protect the privacy and security of individual's health information and records.

Office use only  
Date sent \_\_\_\_\_