



Willowbrook High School
Health Services
1250 S. Ardmore
Villa Park, Illinois 60181
Fax # 630-530-6062

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 _____