



**Addison Trail High School
Health Services
213 North Lombard Road
Addison, IL 60101
Fax 630 628 4189**

Authorization to Release Immunization Records.

Today's Date: _____ Month/Year of Graduation: _____

Name: _____
Last Name First Name Middle

Maiden Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I _____ authorize District 88, Addison Trail High School, to release my immunization information to:

Name

Address

City, State, and Zip Code

Email, Fax Number.

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 _____