

**WARREN TOWNSHIP HIGH SCHOOL
IMMUNIZATION RECORDS
REQUEST INSTRUCTIONS**
(revised 06/02/2020)

There is a \$10 fee for a copy of your immunization records.

To order your medical records by MAIL, EMAIL or FAX:

- Complete the attached immunization request form (attached below).
- Mail your request to:
Office of the Registrar
Warren Township High School
34090 Almond Road
Gurnee, IL 60031
Enclose a check or money order (\$10).
- Email your request to kmatias@wths.net or jsalmi@wths.net*
- Fax your request to: 847-548-6444.*

*Contact our bookkeeper, Cheryl Maiden, at 847-548-6572 to pay with a credit/debit card.

To order your medical records IN PERSON:

- Visit the Almond Road Campus Registrar's Office between 7:30am and 3:00pm on a school day or Monday through Thursday during the summer.
- Fill out an Immunization Request Form (attached below).
- To pay the \$10 fee contact our bookkeeper, Cheryl Maiden at 847-548-6572.

Your immunization record will be mailed or emailed to you upon receipt of payment and the signed request form.

HIGH SCHOOL SHOT RECORD REQUEST

WARREN TOWNSHIP HIGH SCHOOL

34090 ALMOND ROAD

GURNEE, IL 60031

PRINT LEGAL NAME AT TIME OF GRADUATION: _____

DATE OF BIRTH: _____ YEAR OF GRADUATION: _____

NAME AND ADDRESS OR EMAIL ADDRESS SHOT RECORD IS TO BE SENT TO:

SIGNATURE: _____

PHONE #: _____ DATE: _____

IF YOU HAVE ALREADY GRADUATED, THERE IS A \$10.00 FEE FOR A COPY OF YOUR SHOT RECORD.

OFFICE USE ONLY

FEE CHARGED \$ _____ CARD / CASH / CHECK # _____

DATE PROCESSED _____ LOGGED _____

NOTES: