WALTHER LUTHERAN HIGH SCHOOL
Immunization Record Request Form
Registrar's Office

Instructions: Complete this form with all applicable information. Student and parent signature, if needed, are both required at time of ordering a copy of the Immunization Record(s). Please complete accurate address information for each Immunization Record(s) destination and indicate the number of copies to be mailed. It is the student's responsibility to provide accurate address information on this form. Allow up to three business days to process - extra time during peak periods (e.g. end of semester, registration). An immunization request will not be processed for a student who is financially delinquent to Walther.

Please Print or Type

Name (Last, First, M.I.)	Student I.D. Number	Date of Birth (MM/DD/YYYY)
Permanent Address (Street, City, State, Zip code)		Local Phone Number
E-mail Address	Grad Year/ Dates Attended	Any Previous Last Names (If applicable)

_____ (Number) Immunization Record(s) to be picked up at Student Services Office (Picture I.D. Required).
_____ (Number) Immunization Record(s) to be mailed to the address(es) as indicated below.
_____ (Number) Immunization Record(s) to be FAXED to:
_____ (Name or Title)
_____ (Institution Name)
_____ (Phone)

☐Special Instructions _____

Address(es) for Immunization Record(s) Mailing: (Use another form if more than four separate addresses are needed.)

_____ (Number) Immunization Record(s) to:	_____ (Number) Immunization Record(s) to:
_____	_____
_____	_____
_____	_____
_____	_____
_____ (Number) Immunization Record(s) to:	_____ (Number) Immunization Record(s) to:
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____ _____ _____
Student Signature (Required) Date Parent Signature (Required for students under age 18) Date

For Office Use Only:
_____ Total Copies Requested _____ Copies for Pickup _____Copies to be Mailed _____Financial Check By _____ Date _____

Form may be mailed to Walther Lutheran High School Attn: Registrar's Office, 900 Chicago Ave., Melrose Park, IL 60160 or faxed to 708/344-0525.
Please direct questions to Linda Abbe, Registrar, at 708/344-0404 or Linda_Abbe@Walther.com.