

Health Records Release Form

Wheaton North High School

\$3.00 per request – Process takes 7 -10 days

Date _____ Graduation Year _____

Name _____
Last First Maiden

Date of Birth _____ ID # _____
(HS students only)

Send Records to:

Name/School _____

Address _____

City _____

State: _____ Zip _____

Fax: _____

Signature _____

Please include a photo ID in order to release records.

Office use only: Sent: _____ Hand Carried _____ Paid _____