

Alumni Immunization Request:

Print this form, fill it out and send to CFHS .

Graduate's Name: _____

Year of Graduation: _____ or Withdrawal Date: _____

Birth Date: _____

Please send a copy of my immunization records to:

I attest that I am the above named person and I authorize Catalina Foothills High School to send my immunization records to the above address.

Signature of Graduate Required

Date

Print Name

Contact Phone Number

Mail to: OR

Registrar
Catalina Foothills High School
4300 E Sunrise Drive
Tucson, AZ 85718

FAX to: 520-209-8522 OR

EMAIL to: GCusack@cfsd16.org

For Office Use Only:

Rec'd _____

Mailed _____