

Request for Tippecanoe School Corporation – Health / Immunization Record



I hereby authorize the Tippecanoe School Corporation to disclose certain educational records, as further described below, for the following purposes:

Name: _____ Maiden Name: _____
Last First Middle

Current Address: _____
Street Apartment #
_____ City State Zip Code

Telephone Number: _____ Date of Birth: _____

T.S.C. School Attended: _____ Year of Graduation: _____

Mail health / immunization record to:

Name

Street Apartment #

City State Zip Code

EDUCATIONAL PURPOSE:

Health / Immunization records for college will be sent directly to the college ADMISSIONS OFFICE, free of charge. If your record is to go to the specific attention of an employee / department at the college, please specify here:

ATTN: _____

EMPLOYMENT/PERSONAL PURPOSE:

Health / Immunization records for employers will be sent however you note above. Requests for employers and personal copies have a \$2.00 processing fee, which is due before we will send your record. Processing payments may be submitted either via US Mail or in person. Payments will only be accepted in the form of cash. Checks and credit/debit cards will not be accepted.

Applicant's Signature: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

(if the student is under the age of 18)

College/University Requests (FREE):

Via Email: amstier@tscschools.net
Via Email: lbrooks@tscschools.net
Via Fax: (765) 474-0533

Employer/Personal Copies with Payment:

Via US Mail: Tippecanoe School Corporation
Attn: Student Records
21 Elston Road
Lafayette, IN 47905

Office Use Only

_____ \$2.00 Processing Fee Applies
_____ Processing Fee Waived