

# Lee's Summit North High School

## Guidance & Counseling Center

901 NE Douglas Street

Lee's Summit, MO 64086

816.986.3003 • FAX 816.986.3172



## Former Student Immunization Request Form (must be signed by former student if over 18 years of age)

NAME \_\_\_\_\_ (while attending LSN)

CURRENT NAME IF DIFFERENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ YEAR OF GRADUATION OR INTENDED GRADUATION \_\_\_\_\_

### Mail/fax information to:

COLLEGE/UNIVERSITY/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Email to: karla.barnhill@lsr7.net

or

Fax to: 816.986.3172

or

Mail/ Lee's Summit North High School

Drop off to: Registrar's Office

901 NE Douglas St.

Lee's Summit, MO 64086