



Request for Release of Immunization/Medical Records

I am requesting a copy of my immunization/medical records.

Student's Name: _____ Date of Birth: _____
(Please Print)

Student ID # (or last 4 digits of Social Security #): _____

Any other names (i.e. maiden) records may be under: _____

I would like to have my records:
(Please check one)

_____ Faxed to (phone number): _____

_____ Mailed to (Address): _____

_____ Placed in Enrollment Services Office for pick up.

Signature: _____

Date: _____