



Immunization Record Release

- Please allow 1 – 2 business days for processing.
- A picture ID must be presented when picking up records.
- For forms submitted by fax or email, a copy of a current photo ID matching your address on file must accompany the form or it must be notarized.

Student's Name _____

MC ID# _____

Former Name(s) _____

Date of Birth _____

Dates of Attendance _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

Select one:

Will Pick Up

Email to: _____

Mail to: _____

Student's Signature _____ Date _____

For Office Use Only

Date Received _____ Processed by _____ Processed Date _____