

PRESENTATION COLLEGE
Immunization Records Release Request



**PRESENTATION
COLLEGE**

Immunization records may be released to a student only. Copy of the records will be mailed to the student's current address or handed directly to the student only.

Date of Request: _____

Student's Name: _____

Previous Name (If Applicable): _____

Date of Birth: _____ Date of Attendance: _____

Current Address: _____ City/State/Zip: _____

Phone Number: _____

YES NO I authorize the release of my immunization records to myself.

Student Signature: _____

Date: _____