

RELEASE OF IMMUNIZATION RECORD

You must be a parent or legal guardian for the child whose record you are requesting or of legal age for your own record. Please fill out the information below, sign, date, and return by mail, fax, or E-mail.

IDENTIFYING INFORMATION

1. Name: _____
Last First Middle

Date of birth: _____ Mother's Maiden Name _____

2. Name: _____
Last First Middle

Date of birth: _____ Mother's Maiden Name _____

3. Name: _____
Last First Middle

Date of birth: _____ Mother's Maiden Name _____

4. Name: _____
Last First Middle

Date of birth: _____ Mother's Maiden Name _____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE THE RECORD (PLEASE CHOOSE ONE):

E-mail _____ Fax _____

Mail _____
Street City State Zip

I, _____ hereby give permission to Utah Department of Health/USIIS as Parent or Legal Guardian to release a copy of the immunization records for all persons named.

Signature Date Phone Number

***Please note not all immunization providers in Utah submit information to the Utah Statewide Immunization Information System (USIIS). There is a chance your child's record may not be found in USIIS, or the record may have incomplete information. One copy of the immunization record will be supplied for each child.**