



Work toward greatness.

# Immunization Record Request Form

**HEALTH RECORD RETENTION:** All students are encouraged to establish a file for their medical records. Immunization documents are retained by the University for two (2) years only. The University only maintains a record of measles, mumps, rubella, and meningitis vaccinations.

**REQUEST FOR IMMUNIZATION RECORDS POLICY:** There is no charge for each copy of immunization records. Requests will be completed within 10 days of receipt. The student's signature must be on each request.

Last Name	First Name	Student ID Number	Phone Number

Maiden/Other Names (if different from above)	First Semester Enrolled	Last Semester Attended	Graduation Date (if applicable)

Address	Apt/Suite	City	State	Zip Code

Check all that apply (multiple copies may require additional processing time):

I will pick up a copy of my immunization records. Please call me when they are ready.

Please mail a copy of my immunization records to my address listed above.

Please forward a copy of my immunization records to:

Institution/Organization Name	Attention

Address	Apt/Suite	City	State	Zip Code

Please fax a copy of my immunization records to:

Name	Fax Number

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOT VALID WITHOUT SIGNATURE**

**NOTE:** You may fax completed forms to **914-989-8309** or email to **immunization@pace.edu**.

<b>FOR OFFICIAL USE ONLY</b>		
Received: _____	Sent: <input type="checkbox"/> MAILED _____	OSA Rep: _____
	<input type="checkbox"/> FAXED _____	
	<input type="checkbox"/> PICKED UP _____	