



Office of the Registrar
Campus Box 69, Milledgeville, GA 31061
Phone: (478) 445-6286 - Fax: (478) 445-8535

IMMUNIZATION / HEALTH RECORD REQUEST FORM

STUDENT'S NAME: _____

DATE OF BIRTH: _____

STUDENT'S CURRENT MAILING ADDRESS: _____

STUDENT'S CURRENT PHONE NUMBER: _____

MAIL / FAX IMMUNIZATION RECORD TO: _____

I hereby authorize Georgia College and State University to release my immunization record to myself, college, agency or person listed above.

SIGN HERE: _____ **DATE:** _____

SIGNATURE OF STUDENT REQUIRED

FOR OFFICE USE ONLY	
Date Released:	Date of Initial Request:
Records Released By:	
ADDITIONAL COMMENTS:	