

REQUEST FOR PROOF OF IMMUNIZATION

We can only provide verification of the documentation that was provided to our office upon admission to the university. A charge of \$2 may apply.

Documentation our office checks:

- ✓ Immunization forms – submitted starting fall 2009 (\$2)
- ✓ High school transcript verifying immunization (\$2)
- ✓ CSU, Chico's database – shows MMR and Hepatitis B compliance (letter provided **free** of charge.)

SRO USE ONLY	
Rept # _____	
SRO Initial _____	
Date PU/Mailed _____	

(1) Your Contact Information:

CHICO STATE ID or Last 4 of SSN: _____

NAME: _____

Last (as shown on your CSU, Chico record)

First

MI

PHONE: (_____) _____ EMAIL: _____

Signature required: _____

Signature Authorizes Release of Student Records

(2) PROOF OF IMMUNIZATION REQUESTED: (Select One)

- A. I need copies of the immunization documentation provided to CSU, Chico. **Complete Box 4**
- B. I need a letter of certification that I was in compliance with CSU, Chico's requirement for MMR and Hepatitis B while in attendance.

(3) DELIVERY METHOD: (Select One)

Send Proof of Immunization to:

- US MAIL: _____

- FAX NO: (_____) _____
ATTN: _____
- PICK UP (Photo ID Required) – SSC 110

(4) PAYMENT.....If you checked box 2A above a \$2.00 payment is required. Please fill out this portion:

Type of payments accepted:

- Check or Money Order (enclose payment)
- Credit Card # (Visa or MasterCard ONLY): _____ Exp Date: _____

Name, as it appears on Credit Card: _____