Three Rivers
COMMUNITY COLLEGE

REGISTRAR'S OFFICE Room A115

574 New London Turnpike
Norwich, Connecticut 06360-6598
Phone: 860.892.5756
Fax: 860.886.6670

IMMUNIZATION RECORD REQUEST FORM

@_____ _____ _____ _____ _____ _____ /_____ / _____
Student ID# (Last 4 numbers of Social Security#) Date of Birth

_____ _____
Student's Name Previous Name

_____ _____
Address Last Semester Attended

_____ _____ _____ (__ __ __) __ __ __ - __ __ __ __
City State Zip Telephone #

Person or institution requesting your immunization records(s). If you would like the immunization record(s)sent to you, indicate "self". If you would like your records faxed, please provide fax number below.

_____
Name

_____
Address

_____
Address

_____ _____ _____
City State Zip

Fax# (___ ___ ___) ___ ___ ___ - ____ ___ ___ ____

_____ _____
Student's Signature Date

With my signature, I authorize Three Rivers Community College to release copies of my immunization records to the person or institution indicated above with the understanding that the named recipient will not release the record to a third party without my written consent. Original immunization records provided by the student become Three Rivers Community College's permanent record and are not available for distribution.

_____ _____
Processed By: (OFFICE USE ONLY) **Date Sent or Date Issued to Student(circle one)**

09.17.10vw