



Immunization Record Release Form

(Please print neatly)

Name of student: _____

Date of birth: _____

Social security number: _____

SVA student ID number: _____

Phone number: _____

Year of graduation (if you have already graduated): _____

I HEREBY AUTHORIZE RELEASE OF MY IMMUNIZATION RECORD TO:

Self *(Select this box only while in our office)*

-OR-

Name: _____

Fax number: _____

OR Address: _____

City: _____ State: _____ ZIP Code: _____

The School of Visual Arts and its employees are hereby released from all legal responsibility or liability for the release of the records to the extent indicated and authorized herein. I understand it can take up to 3 business days for processing.

Signature of student

Date

----- **FOR OFFICE USE** -----

Information released on _____ by _____