



Student Health Services

UNIVERSITY LIFE LIVING • LEARNING • LEADING

Immunization Office

4400 University Drive, MS 2D3, Fairfax, Virginia 22030
SUB I Suite 2300
Phone: 703-993-2135
Fax: 703-993-4053

CONSENT FOR THE RELEASE OF IMMUNIZATION RECORDS

Records Request For:

Student's Name	
First Semester Enrolled at Mason (Ex. Fall 2000 or Spring 2001)	
Student G# (if prior to 2004, please give last six digits of your social security number)	
Date of Birth	

*For enrollment prior to 2006 please allow up to two weeks for processing.
Enrollment 2006 and after will be processed within 72 business hours.*

This signed consent hereby authorizes the Student Health Services Immunization Office at George Mason University to release a copy of my Immunization Records to:

Name: _____

☐ Mail to: Address: _____

City: _____ State: _____ Zip _____

☐ Fax to: _____

☐ Pick up by: _____

Signature Date Home Number Cell Number

For Office Use:

Date Processed: _____ Processors Initials: _____
Check one: <input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> No Records