

RELEASE OF IMMUNIZATION RECORD

PLEASE ALLOW 2-4 BUSINESS DAYS TO PROCESS

You must be a parent or legal guardian for the child (under the age of 18) whose record you are requesting or of legal age (18+) for your own record. Please fill out the information below, sign, date, and return by mail, fax, or E-mail.

IDENTIFYING INFORMATION

1. Name: _____

Last
First
Middle

Date of birth: _____ Mother's Maiden Name _____

2. Name: _____

Last
First
Middle

Date of birth: _____ Mother's Maiden Name _____

3. Name: _____

Last
First
Middle

Date of birth: _____ Mother's Maiden Name _____

4. Name: _____

Last
First
Middle

Date of birth: _____ Mother's Maiden Name _____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE THE RECORD
(PLEASE CHOOSE ONLY ONE-ONLY ONE COPY WILL BE SUPPLIED FOR EACH CHILD):

E-mail ☐ _____ OR Fax ☐ _____

OR Mail ☐ _____

Street
City
State
Zip

I, _____ hereby give permission to Utah Department of Health/USIIS as Parent or Legal Guardian to release a copy of the immunization records for all persons named.

Signature

Date

Phone Number

*Please note not all immunization providers in Utah submit information to the Utah Statewide Immunization Information System (USIIS). There is a chance your child's record may not be found in USIIS, or the record may have incomplete information. One copy of the immunization record will be supplied for each child.