

## 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.