

IMMUNIZATION RECORDS RELEASE REQUEST FORM

Dickinson State University • Office of Academic Records • 291 Campus Drive
Dickinson, ND 58601
701-483-2331

(PLEASE PRINT ALL INFORMATION)

STUDENT INFORMATION:

Date of Request: _____

Name of Student: _____

EMPL (Student ID#) or SSN: _____

Telephone Number: _____

WHERE SHOULD WE SEND YOUR IMMUNIZATION RECORDS?

_____ I will pick up on: _____

_____ Please fax to: _____

Fax Number: _____

_____ Please mail to the following address:

Company/Person: _____

Street Address: _____

City / State / Zip: _____

STUDENT SIGNATURE: _____

FOR OFFICE USE: Date Sent: _____ Sent By: _____