



Herkimer

THE STATE UNIVERSITY OF NEW YORK

OFFICIAL HEALTH RECORDS REQUEST

This form must be filled out completely and must accompany any request for the release of immunization/health information. The completed form may be mailed, emailed or faxed (information below). Please allow a minimum of 3 to 5 business days for processing to be completed.

PLEASE NOTE: Herkimer College is not responsible for US Postal Service delivery times.

PLEASE PRINT CLEARLY:

STUDENT INFORMATION

Student ID #: **H** _____ DOB: ____/____/____

NAME:

Last _____ First _____ MI _____

Name While at Herkimer College (if different than listed above) _____

PERMANENT ADDRESS:

Street: _____ City: _____ State: _____ Zip: _____

PHONE CONTACT:

Cell _____ - _____ - _____ Landline _____ - _____ - _____

RECORD INFORMATION

Records Requested: Immunization Records Physical

I will pick up my records in person

Please email my records to:

Name _____

Email Address: _____

Please mail my records to:

We are no longer able to fax records. We apologize for the inconvenience.

Student Signature: _____ **Date:** _____

Records will not be released without student signature.

Please send completed requests to:

Date Stamp:

Herkimer College
Dean of Students Office
100 Reservoir Road
Herkimer, NY 13350

Fax: 315.866.1808
Email: DeanofStudents@herkimer.edu
For questions, please call:
315.574.4009