



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 _____ - _____ - _____

Student Signature: _____ Date: _____

Records will not be released without student signature.

RECORD INFORMATION

Records Requested: Immunization Records Physical

I will pick up my records in person:

Please fax my records to:

Please mail my records to:

Name _____

Fax # _____ - _____ - _____

Please send completed request to:

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

315.866.1808 (FAX)
dollyla@herkimer.edu (email)
315.866.0300 ext. 8276

FOR OFFICE USE ONLY:

Date Stamp Rec'd – Health Office

First semester attended: _____

Records sent: _____