



# Official Health Records Request

Health Office, 100 Reservoir Road, Herkimer, NY 13350

Phone: 315-866-0300 x8372 / Fax: 315-866-9203

Health records will cost \$3 each. You may mail or fax this request to our address or fax number above. Allow three to five business days for processing; up to seven days during busy times. *We are not responsible for U.S. Postal delivery time.*  
**PLEASE PRINT.**

**STUDENT ID or SOCIAL SECURITY #:** \_\_\_\_\_

_____	_____	_____	_____
Last Name	First	MI	Former / Maiden Name
_____			(_____) _____
Permanent Address			Home Phone
_____			(_____) _____
City	State	Zip	Work/Cell Phone

**Number of Transcript Copies:**  
\_\_\_\_\_ x \$3 each = \$ \_\_\_\_\_

- I will PICK UP my records in person.
- I want my records MAILED or FAXED to information provided below. (*circle choice* - complete a form for each address)

**Check all that apply:**

- Immunization Records
- Physical

**Please fill in all information below:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Fax No:** \_\_\_\_\_

**If requesting in person, you do not need to complete this section--skip to signature box below.**

**NOTE:** Mailed-in requests process faster with check or money order. Faxed requests require credit card payment.

- Check or Money Order** payable to *Herkimer County Community College*.
- Credit Card payment.** We accept *only* Discover, Master Card or Visa.

CC #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_  
Month Year Last 3 #s on back of card by signature.

Name of Cardholder, if not student: \_\_\_\_\_

Billing Address for Card, if not student's: \_\_\_\_\_  
Street/PO Box City State Zip Code

**STUDENT'S SIGNATURE:** \_\_\_\_\_  
 Your signature is required to release records. \_\_\_\_\_  
 Date

**Bursar's Office:**

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**Date Stamp Received – Bursar's Ofc.**

**Received in Health Office**