

Procedure for Requesting Immunization and Physical Exam Records

- Student must complete the Official Health Records Request form (A-8). The form may be obtained online at www.herkimer.edu, from the Health Office or from the Bursar's Office.
- A \$3.00 fee will be charged for each record requested. The payment MUST be made to the Bursar's Office prior to the Health Office releasing the immunization or physical records.
- Three (3) to five (5) business days will be needed for processing the Health Record Requests, and up to seven (7) business days may be needed during busy times.



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. (complete a form for each address):**

Check all that apply:

- Immunization Records
- Physical

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

Receipt #: _____

Date: _____

Initials: _____

Received in Health Office