



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 email my records to: Please mail my records to:
- Name _____
- Email Address: _____

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

Please send completed request to:

Date Stamp:

Herkimer College 315.866.1808 (FAX)
 Dean of Students Office DeanofStudents@herkimer.edu (email)
 100 Reservoir Road For questions please call:
 Herkimer, NY 13350 315.574.4009