



Hilbert College

The Office of Student Life – 107 Franciscan Hall

5200 South Park Avenue
Hamburg, New York 14075

Immunizations/Health Records Release Form

- Please send my immunization records to the following address by fax and or mail to the following location.
- I request a copy of my immunization record.

Date of Request _____

Name/School _____

Address _____

City–State–Zip _____

Fax Number _____

Last Year Enrolled _____ **D.O. B .** _____

Signature _____

Printed Name _____

Name while attending, if different _____

Records cannot be released without the completion of this form

For Office Use Only

Date Completed _____ Completed By _____