



Hilbert College

5200 South Park Avenue
Hamburg, NY 14075
The Office of Student Life- 107 Franciscan Hall

PLEASE ALLOW 24 HOURS FOR REQUEST TO BE PROCESSED

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 (MUST be provided to be faxed): _____

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

Signature: _____

Printed Name: _____

Name while attending, if different _____

*Records cannot be released without the completion of this form
****Records are shredded after 6 years from when you started attending
-please request a copy of your records for yourself along with your school/work.
Thank you!**

For Office Use Only

Date Completed: _____ **Completed By:** _____