

# HILBERTCOLLEGE

5200 South Park Avenue•Hamburg, NY 14075  
Student Life Office Fran Hall 107

## IMMUNIZATIONS/HEALTH RECORDS RELEASE FORM

☐ Please send/fax my records to the following address/fax number/email listed below.

☐ I request a copy of my immunization records.

Date of Request: \_\_\_\_\_

Name/School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Fax Number (if you would like it faxed): \_\_\_\_\_

Email Address (if you would like it emailed): \_\_\_\_\_

Your printed name: \_\_\_\_\_

Name while attending Hilbert, if different: \_\_\_\_\_

Your signature: \_\_\_\_\_

Last Year Enrolled: \_\_\_\_\_

DOB: \_\_\_\_\_

\*Records will not be released without this form being completed.

\*Records are shredded 7 years after the last year you attended Hilbert.

\*Please allow 24 hours for request to be processed.

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### *For Office Use Only:*

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

Completed By: \_\_\_\_\_

Circle One:      Faxed    Mailed    Emailed    Given to Student