



## Immunization Records Release Request Form

**PLEASE PRINT ALL INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Former Name(s) \_\_\_\_\_

EMPL ID# \_\_\_\_\_ Phone \_\_\_\_\_

*This form may be mailed, faxed, delivered, or emailed to the Office of Academic Record.*

**Phone:** 701-483-2331

**Fax:** 701-483-2409

**Email:** dsu.records@dickinsonstate.edu

**Mailing Address:** Office of Academic Records, May Hall 111, 291 Campus Drive, Dickinson ND 58601

### Where should we send your immunization records?

I will pick up my records on \_\_\_\_\_

Please fax my records to \_\_\_\_\_

Fax number: \_\_\_\_\_

Please mail my records to the following address:

Company/Person \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Completed by Academic Records** Name \_\_\_\_\_ Date \_\_\_\_\_

Last Updated: 07/01/2021