



REQUEST FOR IMMUNIZATION & HEALTH RECORDS

Date: _____

To: _____

Dear Health Office:

Please send the following information concerning the student listed below to:

SUNY Orange Health Services
115 South Street
Middletown, NY 10940
Phone: (845) 341-4870
Fax: (845) 341-4872

Student: _____ DOB: _____

Date graduated or left school: _____ ID Number: _____

Name used when student attended school if different from above: _____

Signature of student requesting records

Date

Records requested:

___ Immunization records

___ If immunization records are not available, please state last date student attended school
and sign here _____

Signature of school official and title

Date