



IMMUNIZATION REQUEST FORM
Winthrop University Health Center
321 Joynes Hall
Rock Hill, SC 29733
Phone: (803)323-2206; Fax: (803)323-3332

HEALTH RECORD RETENTION POLICY:

Immunization records are kept on file by the University for a period of ten (10) years.

REQUEST FOR IMMUNIZATION RECORDS POLICY: This form must be completed to process your request. Please allow up to two weeks to process.

FOR OFFICE USE ONLY: DATE RECEIVED: DATE COMPLETED:

Immunization Records Request Form

Please print clearly: (include full name, address) Winthrop ID#: (if available)

Last Name: First Name: M.I.

Date of Birth Maiden/Other Name(s):

Address:

E-mail address:

Phone: Fax:

Are you a current student? If so, what year did you enroll?

Inactive student, please answer the following:

First Semester Enrolled: Date last attended:

Fall, Spring, or Summer

Please keep a copy for your personal file before you release them to another organization.

Check how you would like to receive your records. Note: the Health Center does not email records.

I will pick up a copy of my immunization records.

Please mail to my address provided above.

Fax to

I, the above-named student, authorize the Winthrop University Health Center professional/clinical staff to release my immunization records.

Signature: Date:

Received by: Date:

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