

RELEASE OF IMMUNIZATION RECORD

Please allow 2-4 business days to process

To request your own immunization record, you must be of legal age (18 years or older). If you are requesting the record of a minor child (under age 18), you must be the child's parent or legal guardian at the time of the request.

Please fill out the information below, sign, date, and submit by mail, fax, or Email to the Utah Department of Health—contact information provided in the upper right corner of this form.

Requesting record(s) for (check one): Self or Child(ren)

Self or Child(ren) Information

1. Name: _____

Last
First
Middle

 Date of birth: _____ Mother's Maiden Name: _____
2. Name: _____

Last
First
Middle

 Date of birth: _____ Mother's Maiden Name: _____
3. Name: _____

Last
First
Middle

 Date of birth: _____ Mother's Maiden Name: _____

Parent or Guardian Information

(Required when requesting record of a child minor.)

Parent/Guardian Name: _____ Parent/Guardian Phone Number: _____

Please indicate how you would like to receive the record(s).

(Please choose one method. Only one copy will be supplied for each individual.)

- Email record(s) to: _____
- Fax record(s) to: _____
- Mail record(s) to: _____

Street
City
State
Zip

Important. If you request the record(s) to be Emailed to you, please check your 'spam' or 'junk' folder as the Email with attachment(s) is sometimes so routed depending on your settings.

Attestation of Identity – required for all requests

I, _____, as the Parent or Legal Guardian of the minor child(ren) named above **OR** as the adult individual of the person named above, give permission to the Utah Department of Health to release the immunization record(s) of the named person(s).

Name (print)	Signature	Date
Street Address	City	State Zip

Please note: not all healthcare providers in Utah participate in the Utah Statewide Immunization Information System (USIIS). Therefore a record may not be in USIIS or the record may not be complete.