



USIIS withdraw form

Request to withdraw from the Utah Statewide Immunization Information System (USIIS)

I, _____, wish to withdraw myself/my child(ren) from the Utah Statewide Immunization Information System (USIIS). I understand that myself/my child's/children's immunization records will not be included in USIIS and will not be shared through USIIS with authorized healthcare providers, health insurers, schools, daycare centers, and publicly funded programs. I understand that it is my responsibility to notify my healthcare providers and health plan that I have elected to withdraw myself/my child(ren) from USIIS. I understand that if I choose to have myself/my child(ren) re-entered in USIIS, I can do so at any time.

Request to withdraw for (check one) ☐ Self ☐ Child(ren)

Self or Child(ren) information

First name:

Middle name:

Last name:

Date of birth:

Mother's maiden name:

First name:

Middle name:

Last name:



Date of birth:

Mother's maiden name:

First name:

Middle name:

Last name:

Date of birth:

Mother's maiden name:

Any other names used in the past: ☐ maiden or last name ☐ first name

Name(s):

Parent or guardian information

(required when requesting withdrawal of a child)

Parent/guardian full name:

Parent/ guardian phone number:

Street address:

City:

State:

Zip code:

Indicate below how you would like to receive confirmation. Select one method.

- ☐ Email to:
☐ Mail to:
☐ Fax to:

Signature:

Date:

Please allow 2-4 business days to process your request.

Contact the USIIS program: Phone (801) 538-9450 Fax: (801) 538-9440 Email: usiisupport@utah.gov

Dept use only. Date: _____ Initials: _____

