

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. **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.

Please fill out the information below sign, date, have it **notarized** and submit it to the Utah Department of Health, contact information provided in the upper right corner of this form. **Forms will not be processed unless notarized.**

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: _____

Any other name used in the past: Maiden or Last Name First Name

Name: _____

Parent or Guardian Information

(Required when requesting record of a child minor.)

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

Address: _____
Street City State Zip

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

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

E mail 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, record(s) will be sent through secure encrypted email.

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

The Signature of Patient has been subscribed and affirmed before me in the county of _____,
State of _____, this _____ day of _____, 20__

Notary's Official Signature Commission Expiration Date

Affix Notary Seal

Dept. use only. **Date:** _____ **Initials:** _____