

**Request to Withdraw from the Utah Statewide Immunization Information System (USIIS)**  
**Please allow 2-4 business days to process**

I, \_\_\_\_\_ wish to withdraw myself/my child(ren) from the Utah Statewide  
First and Last name (Please print)  
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 health care providers, health insurers, schools, day care centers, and publicly funded programs. I understand that it is my responsibility to notify my health care 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 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 withdrawal of a child.)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Please indicate how you would like to receive your confirmation. Please choose one method.**

Email to: \_\_\_\_\_  Fax to \_\_\_\_\_

Mail to: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Dept. use only. Date: Initials: