

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: _____