
REQUEST FOR RECORDS

I, _____ hereby authorize Columbia-Greene Community College, Health Services Office to release the following:

Immunization Records

Other: _____

Student's name while attending _____

Student's ID Number _____

Student's Phone _____

Student's Date of Birth _____

Dates Attended _____

Student's Signature _____

Mail information to: _____

Fax information to: _____

Email information to: _____

Student pick up

Office Use Only 7/07

Date request received: _____

Date processed: _____

Processed by: _____