

HILBERT COLLEGE

5200 South Park Avenue • Hamburg, NY 14075
Student Life Office Fran Hall 107

IMMUNIZATIONS/HEALTH RECORDS RELEASE FORM

Please send/fax my records to the following address/fax number/email listed below.

I request a copy of my immunization records.

Date of Request: _____

Name/School: _____

Address: _____

City/State/Zip: _____

Fax Number (if you would like it faxed): _____

Email Address (if you would like it emailed): _____

Your printed name: _____

Name while attending Hilbert, if different: _____

Your signature: _____

Last Year Enrolled: _____

DOB: _____

*Records will not be released without this form being completed.
*Records are shredded 7 years after the last year you attended Hilbert.
*Please allow 24 hours for request to be processed.

For Office Use Only:

Date Completed: _____

Completed By: _____

Circle One: Faxed Mailed Emailed Given to Student