

IMMUNIZATION REQUEST FORM
Send this form to your High School

TO: _____ } your high school/college
high school/college name and address } name and address go
_____ } here, then **MAIL TO**
_____ } **YOUR PREVIOUS**
_____ } **SCHOOL** (do not return to
_____ } MCC Health Services)

Please send a copy of my immunization (shot) record to:

Monroe Community College
Health Services Dept.
1000 E. Henrietta Road
Rochester, NY 14623
Phone number (585) 292-2018
FAX (585) 292-3856

If records are coming from a **high school/college**, complete the following:

I attended your school in _____ (year).

The records will be listed under the name _____
(if different from name listed below).

My birthdate is _____ (month, day, year).

If no immunization records exist, please notify Monroe Community College in writing that no record exists **and include the last year I attended your school.**

Thank you for your prompt response to my request.

signature

date

print your name

social security number