

To obtain a copy of your immunization record after leaving Lawrence University:

- Mail, email (jillian.r.drier@lawrence.edu) or fax (920-832-7488) the following release form to Health Services. The request needs to include your name, birth date, graduation year, written signature and the name, address or fax number of where you want the information mailed/faxed. We will process your request as soon as possible.
- In the summer, Health Services is open limited days/hours. Please request your records early enough that your request can be accommodated during our shortened summer office hours. Student health records are kept for 10 years after the date of graduation.

Information Release Authorization

This form acknowledges consent to:

Release information between the following:

From:	Health Services Lawrence University 711 E Boldt Way, SPC 3 Appleton, WI 54911 phone (920) 832-6574 fax (920) 832-7488	To: Self	name: address: phone: fax:
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Student Name: _____			
First	Middle	Last	
Other Names Used: _____		DOB _____	
Graduation Year: _____		Email: _____	
Phone: _____		(to scan records directly to you)	

I, _____ authorize the following information to be disclosed:

This consent includes the following:	
<input checked="" type="checkbox"/>	Immunization Records

This authorization will remain in effect a maximum of 12 months from the date of signature and may be cancelled by me in writing at any time. (I understand that such cancellation may impede proceedings requiring these records). I do not authorize release of this information to anyone other than those listed above.

Signature of Student

Date