



Marymount Manhattan

a college of the liberal arts

REQUEST FOR IMMUNIZATION RECORDS

Name (Last, First and Middle Initial): _____

Date of Birth: _____ Student ID Number: _____

Permanent Address: _____

Phone: _____ Date Records Needed: _____

I am a current MMC student I am not a current MMC student, my last semester was _____

Please check one of the following options:

I will pickup the copy at the Office of Health and Wellness Services, third floor Main Building.

Please mail the copy of my confidential immunization records to:

Name: _____

Institution or Organization: _____

Address: _____

Please fax the copy of my confidential immunization records to:

Name: _____

Institution or Organization: _____

Fax Number: _____

I hereby authorize Marymount Manhattan College to release this information as indicated.

Date: _____ Signature: _____

Marymount Manhattan College, Office of Student Affairs, 221 East 71st St., New York, NY 10021
Telephone: (212) 774-0750; Fax: (212) 774-0758