Immunization Record Request

Students who are graduating or who leave the university may want to request their medical records. **Please allow up to two weeks for requested records to be sent.** State law requires that the university keep medical files for a period of seven years after a student has left the institution. After that time period, all records are destroyed. Please contact Health Services for further information regarding your medical records.

_____

Name Last First Middle

Dates of Attendance: From:_____ To:_____

SSN or UNH ID#_____ Phone #_____

☐ Full Time ☐ Part Time ☐ Graduate ☐ Undergraduate

Date of Request:_____

Reason for Request:

_____

_____

Records to be Sent To:

_____

_____

_____

Signature Date

For Office Use Only

Date Received: _____Initials_____

Date Fulfilled: _____Initials_____

How Sent: ☐ Fax ☐ Mail

Health Services University of New Haven 300 Boston Post Road 06516
Phone: (203) 932 7079 Fax: (203) 931 6090