



CONSENT FOR THE RELEASE OF IMMUNIZATION RECORDS

Records Request For:

Table with 2 columns and 4 rows: Student's Name, First Semester Enrolled at Mason, Student G#, Date of Birth

For enrollment prior to 2006 please allow up to two weeks for processing. Enrollment 2006 and after will be processed within 72 business hours.

This signed consent hereby authorizes the Student Health Services Immunization Office at George Mason University to release a copy of my Immunization Records to:

Name: \_\_\_\_\_

Mail to: Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Fax to: \_\_\_\_\_

Pick up by: \_\_\_\_\_

Signature Date Home Number Cell Number

For Office Use:

Date Processed: \_\_\_\_\_ Processors Initials: \_\_\_\_\_
Check one: [ ] Pick up [ ] Mail [ ] Fax [ ] No Records