



REQUEST FOR IMMUNIZATION RECORDS

Name (please print): _____

Date of Birth: _____ Phone Number: _____

Dates of attendance at CSC: _____ to _____.

Please release a copy of all immunization records to _____.

The copy is to be: _____ Mailed Address: _____.

_____ Faxed Fax Number: _____.

_____ Picked up

Signature: _____ Date: _____

Send Request to:

By Mail-
 CSC Health Services
 1000 Main Street
 Chadron, NE 69337
 or
By Fax-
 CSC Health Services
 308-432-6085
 or
Scan and Email-
 cshealthrequirements@csc.edu

Please allow 7 to 10 business days for request to be processed.

Office Use Only

Date request received: _____ Office staff: _____

Date request processed: _____ Office staff: _____

Comments: _____
