



# COUNSELING & WELLNESS CENTER

## *Immunization Request Form*

Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

*Please specify:*

I am a current MMC student, my first semester and year (i.e. Fall 2017) was: \_\_\_\_\_

I am not a current MMC student, my last semester was: \_\_\_\_\_

*How would you like your records sent?*

I will pick up a copy of my records at the Counseling & Wellness Center (address below).

Please email a copy of my confidential immunization records to:

\_\_\_\_\_

Please fax a copy of my confidential immunization records to:

\_\_\_\_\_

Please mail a copy of my confidential immunization records to:

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please drop off or email this completed and signed form to our office at:*

**221 East 71st Street - Carson Hall 806, New York, NY 10021**

**immunizations@mmm.edu**