



Immunization Records Request Form

Requests are processed within 5 business days.

In order for us to process this request we must have documentation stating the details of the release. Immunization records can only be released to the student whose signature is listed on this form. Records remain on file for seven years. Immunization records released from Montreat College are not classified as official.

Please print the information below:

Name: _____ **S.S. #** ____/____/____
Last First Middle In.

Name while at Montreat (if different from above): _____

Currently Enrolled? (please circle one) **Yes** **No**

Last Date Attended Montreat: ____/____/____ (for students who are not enrolled currently)

Please release my immunization records and send them to the address, fax number, or email address listed below.

ADDRESS: _____
Street Address City State Zip

EMAIL: _____

FAX: _____

If you have additional requests or instructions please comment here

Signature _____ **Date** ____/____/____

Telephone number: _____

Mail completed form to:

Records and Registration Office, P.O. Box 1267, Montreat, NC 28757

or

Fax form to: (828) 669-2141

(We will NOT accept immunization record requests without signatures, via the phone or internet)