



## Immunization Record Release Form

*(Please print neatly)*

Name of student: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

SVA student ID number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Year of graduation (if you have already graduated): \_\_\_\_\_

### I HEREBY AUTHORIZE RELEASE OF MY IMMUNIZATION RECORD TO:

Self *(Select this box only while in our office)*

**-OR-**

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

Fax number: \_\_\_\_\_

OR Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**The School of Visual Arts and its employees are hereby released from all legal responsibility or liability for the release of the records to the extent indicated and authorized herein. I understand it can take up to 3 business days for processing.**

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

----- **FOR OFFICE USE** -----

Information released on \_\_\_\_\_ by \_\_\_\_\_