

SEND TO:

Attn: Student Records
Ourania Behrakis Student Center
Northern Essex Community College
100 Elliott Street, Haverhill, MA 01830
978-556-3700



FOR OFFICE USE ONLY:	
RCVD:	_____
AMOUNT RCVD: \$	_____
RECEIPT#:	_____
PAYMENT METHOD:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO
INITIALS:	_____
STU. ID:	_____
DATE COMPLETED:	_____ INITIALS: _____

Immunization Records Request Form

HEALTH RECORD RETENTION POLICY: All students are encouraged to establish a file for their medical records. Immunization documents are retained by the college for five (5) years only.

REQUEST FOR IMMUNIZATION RECORDS POLICY: There is a charge of \$5 for each copy of immunization records. Payment must be received with request form. Requests will be completed within 25 days upon receipt.

Last Name: _____ First Name: _____ Date of Birth: ___ m / ___ d / ___ y

Maiden/Other Name(s) (if different from above): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN or Student ID#: _____ Academic Program: _____

First Semester Enrolled: _____ Last Semester Enrolled: _____ Graduation Date, if graduated: _____

Check all that apply (there is a \$5 charge for each copy):

- I will pick up a copy of my immunization records. Please call me when they are ready at the number listed above.
- Please mail a copy of my immunization records to my address listed above.
- Please forward a copy of my immunization records to:

Attn: _____

Student Signature: _____ Date: _____

PAYMENT MUST BE RECEIVED WITH THIS REQUEST FORM.

Make Check or Money Order payable to: NECC
Cash is also accepted in person (do not mail cash). A receipt will be provided.