Three Rivers
COMMUNITY COLLEGE

REGISTRAR'S OFFICE Room A115

574 New London Turnpike
Norwich, Connecticut 06360-6598
Phone: 860.215.9064
Fax: 860.215.9919

IMMUNIZATION RECORD REQUEST FORM

@_____ _____ _____ _____ _____ _____ / _____ / _____
Student ID# (Last 4 numbers of Social Security#) Date of Birth

_____ _____
Student's Name Previous Name

_____ _____
Address Last Semester Attended

_____ _____ _____ (__ __ __) __ __ __ - __ __ __ __
City State Zip Telephone #

Send to: (print receiver's name or "self", if you would like your immunization record(s)sent to you. If you would like your records faxed, please provide fax number and name of person or business receiving fax.

_____
Name

_____
Address

_____ _____ _____
City State Zip

Fax# (___ ___ ___) ___ ___ ___ - ___ ___ ___ ____ **Fax to**:_____

_____ _____
Student's Signature Date

With my signature, I authorize Three Rivers Community College to release copies of my immunization records to the person or institution indicated above with the understanding that the named recipient will not release the record to a third party without my written consent.

You are receiving a copy of a computer screen print indicating the immunization record or "Titer" test results as provided to TRCC. The actual date of immunization or result of their "Titer" test is listed in the "comment" section. If this section states "Markos Conversion", the actual dates are not available due to a computer system change.

Original immunization records provided by the student become Three Rivers Community College's permanent record and are not available for distribution.

(OFFICE USE ONLY)

Issued to: _____Student
_____Faxed
_____Mailed

_____ _____
Processed by: **Date:**

11.12.12