

## Immunization Record Request

Students who are graduating or who leave the university may want to request their medical records. **Please allow up to two weeks for requested records to be sent.** State law requires that the university keep medical files for a period of seven years after a student has left the institution. After that time period, all records are destroyed. Please contact Health Services for further information regarding your medical records.

Name Last First Middle

Dates of Attendance: From:\_\_\_\_\_ To:\_\_\_\_\_

SSN or UNH ID#\_\_\_\_\_ Phone #\_\_\_\_\_

☐ Full Time ☐ Part Time ☐ Graduate ☐ Undergraduate

Date of Request:\_\_\_\_\_

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_

Records to be Sent To:

\_\_\_\_\_  
\_\_\_\_\_

Signature Date

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For Office Use Only

Date Received: \_\_\_\_\_ Initials \_\_\_\_\_

Date Fulfilled: \_\_\_\_\_ Initials \_\_\_\_\_

How Sent: ☐ Fax ☐ Mail

Health Services University of New Haven 300 Boston Post Road 06516  
Phone: (203) 932 7079 Fax: (203) 931 6090