To obtain a copy of your immunization record after leaving Carleton:

- Mail, email (<u>shac@carleton.edu</u>), or fax (507-222-5038) the following release form to Student Health and Counseling. The request needs to include your name, birth date, graduation year, written signature and the name, address or fax number of where you want the information mailed/faxed. We will process your request as soon as possible.
- In the summer, Student Health and Counseling is open limited days/hours. Please request your records early enough that your request can be accommodated during our shortened summer office hours. Student health records are kept for 8 years after the date of graduation.

Information Release Authorization

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This form acknowledges consent to:			[X] Release information between the following:			
From	Carleto	Student Health & Counseling Carleton College 1 N. College Street Northfield, MN 55057		(Circle One) e: ress:	Physician/Clinic or	Self
		(507) 222-4080 (507) 222-5038	phor	ne:		
Student Nar	ne:	First	Middle		Last	
Other Names Used:				DOB_		
Graduation	Year:		Email:			
Phone:				(to scan reco	ords directly to you)	
I,disclosed:			authori	ze the follov	ving information to) be
This	s consent in	ncludes the following:				
(X)) Immui	nization Records				
may be can	celled by s requiring	ill remain in effect a me in writing at any tig these records). I do not above.	me. (I un	derstand tha	t such cancellation	may impe
Signature of Student					Date	