HUNTER
The City University of New York

Immunization Records
695 Park Avenue, 307 North, New York, NY 10065
T: 212.772.4800 | **F**: 212.650.3254, 212.396.6703
Wellness@hunter.cuny.edu

CONSENT TO RELEASE IMMUNIZATION RECORDS

To sign this form digitally, you must download and open it in Acrobat.

Date: _____

I,_____authorize the release of my immunization records by the Hunter College Office of Immunization Records to:

_____
Name of Person / Organization / Institution

_____
Street Address

_____
City, State ZIP

_____ _____
Telephone ***Fax***

This consent must be accompanied by a valid and legible photo ID.
Legible photocopies are accepted. No camera scans or photos from mobile devices will be accepted.

This release expires in 12 months unless another date is specified: _____

Student Name (print) **Student Signature** **Date**

_____ _____

Student ID / CUNYfirst ID **Immunization Records Staff Signature** **Date**

_____ _____

CUNY