



Immunization Office

4400 University Drive, MS 2D3, Fairfax, Virginia 22030
Phone: 703-993-2836; Fax: 703-993-4053

CONSENT FOR THE RELEASE OF IMMUNIZATION RECORDS

Student's Information:

Student's Name:	
Date of First Semester Attended GMU:	
Student G# (if prior to 2005, please give last two of your social security number)	
Date of Birth:	

Please allow 72 hours for your request to be processed.

This signed consent hereby authorizes George Mason University, Student Health Services, Immunization Office, to release a copy of my Immunization Records to:

Name: _____

Mail to: Address: _____

City: _____ State: _____ Zip _____

Fax to: _____

Pick up by: _____

Student Signature

Date

Home Number

Cell Number

For Office Use:

Date Processed: _____ Processors Initials: _____

Check one: Pick up Mail Fax No Records