

IMMUNIZATION RECORDS REQUEST

To obtain a copy of your immunization records please fill out the information requested below on this form. After your signed request form is received, your records will be pulled from storage, copied and mailed or emailed to your attention.

Requests for immunization records are completed in approximately seven to ten days.

Student medical records are only kept in storage for **seven** years after graduation. After seven years, all records are destroyed.

If you have any questions regarding this information please email health@swarthmore.edu.

Thank you.

Name: _____

Year of Graduation: _____

Date of Birth: _____

Mailing address: _____

Email address: _____

Signature: _____