



SUNY College of Technology

10 Upper College Drive  
Alfred, New York 14802

Student Health Services  
Alfred: (607) 587-4200  
FAX: (607) 587-4203  
Wellsville: (607) 587-3141  
FAX: (607) 587-3198

### Request for Immunizations or Health Form

I, (print name) \_\_\_\_\_ authorize Alfred State College Health Services to disclose the following information from my protected health records:

\_\_\_\_ Immunization record      \_\_\_\_ History and Physical Examination

#### Required Information:

Dates last attended: From \_\_\_\_\_ Until \_\_\_\_\_

Did you Graduate: YES / NO      Campus: ALFRED / WELLSVILLE

Social security number \_\_\_\_\_ Has your name changed? \_\_\_\_\_

I understand that this authorization may be revoked by me at any time in writing and that it will automatically expire after 90 days from the date of the signature unless otherwise specified. I understand the recipient of this information may not use or disclose the medical information unless another authorization is obtained from me or disclosure is specifically required or permitted by law.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

#### If you would like your records mailed:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### If you would like your records to be faxed include:

Name / Organization \_\_\_\_\_

Fax number \_\_\_\_\_ Phone number \_\_\_\_\_

FOR OFFICIAL USE

DONE BY \_\_\_\_\_

DATE \_\_\_\_\_



Accredited by  
Accreditation Association for Ambulatory Health Care, Inc.