



Record Request Form

In order to obtain a copy of immunization records, you must authorize the release of your record. A record request form must be filled out, signed **(electronic signatures are not accepted)**, and sent to our office for processing. Incomplete forms will not be processed and requests may take up to five business days to process. There is no fee for record requests.

As of June 2018, Student Student Health Services only accepts digital copies of records uploaded into the patient portal. Records submitted prior to June 2018 are limited to what the state required at time of admission. Records are kept for ten years from the time of submission.

Send immunization record requests to:

Kean University Student Health Services
P.O. Box 411
Union , NJ 07083

E-mail: studenthealthservices@kean.edu
Fax: (908) 737-4888

Full Name: _____ Date: _____

S.S.# or Kean ID: _____ Phone Number: _____

Provide the year your immunization record was submitted: _____

Please release my immunization record to the following person or entity.

☐ **In Person Pick Up: I will receive the record in person at Student Health Services within 5 business days of completion.** (Only the person requesting the record can receive it and a form of picture ID is required.)

☐ **Full Name of person or entity:** _____

☐ By Mailing Address: _____

☐ By Fax: _____

☐ By E-mail: _____

My signature below means that I am authorizing the release of my immunization record to the above mentioned person or entity.

Signature: _____

| For Office Use Only: | |
|--|-------------------------|
| Student Health Services' Personnel Signature | Date and Time Processed |
| | |