



## Cypress-Fairbanks ISD Health Services Immunization Record Request

Student Complete Legal Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of withdrawal/graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last CFISD campus attended: \_\_\_\_\_

Select your desired method of immunization record delivery below:

- Pick up immunization record at \_\_\_\_\_ campus
- Email (only to the email address listed on the student's emergency contact information to ensure student privacy)
- Fax immunization record to \_\_\_\_\_

Copy of photo ID here

CFISD will only release immunization records to a parent/guardian listed on the student's emergency contact information with a copy of a valid photo ID above. Please allow 5-7 business days for processing. All requests should be faxed to the last campus the student attended or the nearest summer school campus during summer months (see website for campus contact information and summer school listing <http://www.cfisd.net/en/schools-facilities/our-schools/elementary-schools/>).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian phone number