



# The Emily O. Goodridge-Grey Accelerated Charter School

## REQUEST FOR STUDENT IMMUNIZATION RECORDS

(Only needed if there is no previous school records of immunizations)

Student: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Name of Clinic/Doctor's Office

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Clinic Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send the following student information as soon as possible:

- Immunization Records and other pertinent health reports

\_\_\_\_\_  
Signature of Parent or Guardian Date

Record Clerk:  
Request: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Date Received \_\_\_\_\_

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