

SEND TO:

**Gardner-Webb University  
Registrar's Office**

Gardner-Webb University  
Attn: Registrar's Office  
P.O. Box 997  
Boiling Springs, NC 28017  
Fax: 704-406-4261

**Immunization Records Request Form**

HEALTH RECORD RETENTION POLICY: All students are encouraged to establish a file for their medical records. As a courtesy to our students we retain Immunization documents for (10) years from time of enrollment only. We are not required by N.C. Law to keep immunization records.

REQUEST FOR IMMUNIZATION RECORDS:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Maiden/Other Name(s) (if different from above): \_\_\_\_\_ Phone \_\_\_\_\_

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

SSN or Student ID#: \_\_\_\_\_ Academic Program: \_\_\_\_\_

First Semester Enrolled: \_\_\_\_\_ Last Semester Enrolled \_\_\_\_\_ Graduation or Withdrawal Date \_\_\_\_\_

Check all that apply:

I will pick up a copy of my immunization records.

Please mail a copy of my immunization records to my address listed above.

Please fax a copy of my immunization records to \_\_\_\_\_.

Please forward a copy of my immunization records to:

Attn: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_