

University of Pittsburgh at Johnstown
Office of Health and Counseling Services
Health Services

If you are requesting a copy of your immunization record, please complete the following steps:

- 1) Scroll down to find the:
Release of Information, Immunization Record Authorization form
- 2) Print out the form
- 3) **PRINT** your information, completing all areas
- 4) Sign and date form
- 5) Send to appropriate address/fax/e-mail located at bottom of form

Records are kept for seven years from your date of separation from the University.

Requests for immunizations will only be processed from September 15th through April 15th during normal university hours.

University of Pittsburgh at Johnstown
Office of Health & Counseling Services
Release of Information, Immunization Record Authorization
Please **PRINT**

Student Name: _____

Student ID#: _____

Month and Year of Graduation: _____

Date of Birth: _____

OR

Last Date of Attendance: _____

I, _____ hereby authorize the University of Pittsburgh at Johnstown, Office of Health and Counseling Services to release, to me, my immunization record.

- STUDENT NAME: _____
- ADDRESS: _____

- E-MAIL: _____
- PHONE: _____

FORM IN WHICH INFORMATION SHOULD BE RELEASED: (Check one box ONLY)

Scanned and sent to your e-mail address

OR

Student's U.S. Postal Mail Address

Patient/Client Signature Date

Witness Date

Parent/Legal Representative Signature Date

Relationship to Patient/Client

A copy of this Authorization shall be deemed valid as original for a period of one year from date of signature.

This Authorization must be signed and dated.

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University of Pittsburgh at Johnstown
Office of Health & Counseling Services
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