



Utah Department of Health USIIS Program Phone: (801) 538-9450 Fax: (801) 538-9440

Email: immunize@utah.gov

RELEASE OF IMMUNIZATION RECORD Please allow 2-4 business days to process

To request your own immunization record, you must be of legal age (18 years or older). If you are requesting the record of a minor child (under age 18), you must be the child's parent or legal guardian at the time of the request. Note: not all healthcare providers in Utah participate in the Utah Statewide Immunization Information System (USIIS). Therefore, a record may not be in USIIS or the record may not be complete.

Please fill out the information below, sign, date, have it notarized and submit it to the Utah Department of Health, contact information provided in the upper right corner of this form.

Requesting record(s)) for (check one): ☐ Self or ☐ Child(ren)		
	Self or Child(ren) Information		
Last	First	Middle	
Date of birth:	Mother's Maiden Name:		
	First	N 6: 1 11	
Last	First Mother's Maiden Name:	Middle	
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3. Name:	First	Middle	
	Mother's Maiden Name:		
•	in the past: 🗖 Maiden or Last Name 📮 First Name		
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	Parent or Guardian Information		
	(Required when requesting record of a child minor.)		
	e: Parent/Guardian Phone Number:		
Address:	C''		
Street	City	State	Zip
	Please indicate how you would like to receive the record(s).		
	(Please choose one method. Only one copy will be supplied for each individ	lual.)	
☐ Email record(s) to:	Fax record(s) to:		
()	Street City State	Zip	
<i>Important</i> . If you req	uest the record(s) to be emailed, record(s) will be sent through secure encryp	oted email.	
	Attestation of Identity – required for all requests		
I,	, as the Parent or Legal Guardian of the mino	r child(ren) nam	ned above
OR as the adult indiv	idual of the person named above, give permission to the Utah Department of (s) of the named person(s).	Health to releas	se the
Name (print)	Signature	Date	-
The Signature of Patie	nt has been subscribed and affirmed before me in the county of		
	, this day of, 20	,	
Notary's Official Signa	ature Commission Expiration Date		
Trocary 5 Official Signa	-	Affix Notary Sea	ıl
		,	

Initials:

Rev: 5/19

Dept. use only.

Date: