



FAX Transmittal Cover Sheet
Confidential
Request for Immunization Records

Please fax this form to Health Services
(503) 257-1768

DATE: _____

I am requesting immunization records for:

Student Name Date of Birth Last School Attended/Year

Student Name Date of Birth Last School Attended/Year

Student Name Date of Birth Last School Attended/Year

Student Name Date of Birth Last School Attended/Year

Signature Relationship to Student

The documents accompanying this FAX transmission may contain confidential information under the laws of the State of Oregon and the United States of America. All information transmitted is intended only for the use of the above named recipient. If you are not the named recipient, you are not authorized to read, disclose, copy, distribute, or take any action in reliance on the information and any action other than immediate delivery to the named recipient is strictly prohibited. If you have received this FAX in error, please do not read the information and notify sender immediately at (503) 257-1760 to ensure appropriate handling of information erroneously received. If you are named the recipient,

Thank you.

Superintendent Ron Hitchcock

Chief Program Officer Barbara Jorgensen

Board of Directors Harry Ainsworth ■ Janice Gratton ■ Jean Haliski ■ Zak Johnson ■ Ken Kissir

■ Kevin Spellman ■ Geri Washington