



REQUEST FOR OFFICIAL STATE OF NEVADA IMMUNIZATION RECORD



PLEASE PRINT CLEARLY AND LEGIBLY

REQUESTED IMMUNIZATION RECORD INFORMATION				
Last Name	First Name	Middle Name	Maiden Name	
Date of Birth: MM/DD/YYYY		Gender: (Check appropriate box)	Male	Female
REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)				
NOTE:	<ul style="list-style-type: none"> If the record requested is for a person under 18 years of age, please state your relationship to the child. If the record requested is for a person 18 years of age or older, only the person named on the Immunization Record may request a copy. If the requestor is a social services agency, please provide a formal request with parent/legal guardian's signature and a photocopy of their state-issued I.D., along with a photocopy of requestor's state-issued I.D. 			
Requestor's Name:				
Requestor's Relationship:				
NOTE:	If you have recently moved, please provide both old and new address. If not, please provide only current address. If you have moved out-of-state, please provide your last known Nevada address.			
Current Address:	Street	City	Zip Code	County
Previous address:	Street	City	Zip Code	County
Telephone Number:				
Requestor's Signature:				
Date:				
Instructions for Completing This Request:				
Please complete this form by printing all requested information as completely as possible. Provide any additional information requested. Please send a <u>photocopy of a current state-issued I.D. in the name of the requestor</u> along with the completed request. Mail this request to: Immunization Program, Bureau of Community Health, State of Nevada Health Division, 4150 Technology Way, Suite 101, Carson City, NV 89706. Please allow seven (7) business days for processing.				
Office Use Only	WebIZ ID	Date Mailed	Initials	