



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:				
<p style="text-align: center;">Instructions for Completing This Request:</p> <p>Please complete this form by printing all requested information as completely as possible. Provide any additional information requested. Please send a photocopy of a current state-issued I.D. in the name of the requestor 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.</p>				
Office Use Only	WebIZ ID	Date Mailed	Initials	