



TRINITY UNIVERSITY

SAN ANTONIO • 1869

Trinity University Health Services Request for Immunization Records Release

Please print clearly

Name Date of Birth

Street Address, City, State, Zip

University ID # Phone

I hereby request release of immunization records or copies of such from: Trinity University Health Services.
Completed forms may be mailed to: 1 Trinity Place #80, San Antonio, TX 78212
or fax to: 210 999 8378 or emailed to healthservices@trinity.edu
or hand delivered to Health Services, Myrtle McFarlin Residence Hall

I request that they be released to:

Name or Office, Attention:

Street Address

City, State, Zip

Phone

Please transmit records by (Initial one)

- Mail to above address
- Fax _____
- Email _____
- Pick Up

I understand that by typing my name below this becomes the legal equivalent to my manual signature with all the same terms and conditions as my manually-signed signature. I further understand that if I select to receive this health information by fax or email transmission there is an inherent risk of unintended release of this information.

Signature of patient

Date

For Office use only
Date sent _____
Number of pages _____
Initial _____
(8/14)