



I, \_\_\_\_\_ hereby authorize Lesley University Student Health to release my immunization records to either myself or to the following parties: \_\_\_\_\_

Please fill out the following information completely. Any forms submitted without signatures or missing any information cannot be processed.

Student name: \_\_\_\_\_  
(First) (MI) (Last)

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Last Year attended: \_\_\_\_\_ Resident: \_\_\_\_\_ Commuter: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone number: \_\_\_\_\_

Please check the following if you wish to:

- Pick up your immunizations? Student Health Service is located in the lower level of the McKenna Student Center, Doble Campus, Cambridge, MA 02138.
- Have your immunizations faxed? Fax Number and attention to:
- Have your immunizations mailed? Address: \_\_\_\_\_

SIGN HERE: \_\_\_\_\_ Date: \_\_\_\_\_

You can submit this form via fax (617-349-8225), email to [vdelani@lesley.edu](mailto:vdelani@lesley.edu) or mail it to Lesley University, Student Health Service 29 Everett St., Cambridge, MA 02138.

Virginia J. Delani  
Undergraduate Immunization Coordinator