



Office of the Registrar - Cape Cod Community College -
Student Immunization Records 2240 Iyannough Road, West Barnstable, MA 02668
774-330-4331 • Fax: 508-375-4039 • immunizations@capecod.edu

Immunization Records Request Form

HEALTH RECORD RETENTION POLICY: All students are encouraged to establish a personal file for their medical records. Immunization documents are retained by the college for five (5) years only and then destroyed.

Requests will be processed within 10 business days.

Last Name:

First Name:

Student ID #:

Other/Maiden Name(s) :

Date of Birth: (mm/dd/yyyy)

SSN:

Phone:

Dates of Attendance:

Address:

City:

State:

Zip:

Check all that apply :

I will pick up a copy of my immunization records. Please call me when they are ready at the number listed above.

Please mail a copy of my immunization records to my address listed above.

Please fax a copy of my immunization records to:

Name and Number: _____

Please email a copy of my immunization records to:

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

RCVD': _____

INITIALS: _____

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