

Please submit form to:  
Southern Maine Community College  
**ADVISING OFFICE**  
2 Fort Road, South Portland, ME 04106  
Fax: (207) 741-5760 – Email: [advising@smccme.edu](mailto:advising@smccme.edu)

## IMMUNIZATION RECORDS RELEASE

I hereby request and authorize release of my immunization records from Southern Maine Community College. *Please print clearly or we will not be able to forward your records.*

Please forward them to:

\_\_\_\_\_  
Name/Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Fax Number Phone Number

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Date of Birth (optional)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

Office use only:

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Date rec'd

\_\_\_\_\_  
Date sent

Faxed  Mailed  Picked up