



REQUEST FOR OFFICIAL STATE OF NEVADA IMMUNIZATION RECORD



PLEASE PRINT CLEARLY AND LEGIBLY

INFORMATION ON REQUESTED IMMUNIZATION RECORD			
Last Name	First Name	Middle Name	Maiden Name
Date of Birth: ___/___/___ MM DD YYYY		Gender: (Check appropriate box)	<input type="checkbox"/> Female <input type="checkbox"/> Male
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: (please print)			
Relationship to person named on immunization record:			
Current Address:	Street	City	Zip Code County
Telephone Number:			
SEND RECORD TO (PLEASE COMPLETE ONLY ONE)			
MAILING ADDRESS:		EMAIL ADDRESS:	FAX#:
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 & clearly as possible. Please send a <u>photocopy of a current state-issued I.D. in the name of the requestor along with the completed request.</u> Mail this request to: Nevada State Immunization Program, 4150 Technology Way, Suite 210, Carson City, NV 89706 or fax all documents to 775-687-7596, Attn: WebIZ Helpdesk. Please allow seven (7) business days for processing.</p>			
Office Use Only	WebIZ ID	Date Mailed	Initials