CAPE COD COMMUNITY COLLEGE
Powerful Futures Start Here

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 / sthompson@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 forward a copy of my immunization records to:

  ____

  ____

  ____

  ____

Student Signature: ______________________________ Date: ________________

FOR OFFICE USE ONLY:

RCVD': ______________ INTIALS: __________

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