

IMMUNIZATION RECORDS REQUEST

Name: _____

Year of Graduation: _____

Birthdate: _____

Address: _____

Signature: _____

To obtain a copy of your immunization records please fill out the information requested at the top of this form. After your signed form is received, your records will be pulled from storage copied and mailed out to your attention.

Requests for immunization records are completed in about ten days.

Student medical records are only kept in storage for seven years after graduation. After seven years, all records are destroyed.

If you have any questions regarding this information please email health@swarthmore.edu.

Thank you.