

TOWNSHIP OF LAWRENCE



HEALTH DEPARTMENT 2207 LAWRENCE ROAD LAWRENCE TOWNSHIP, NEW JERSEY 08648 (609) 844-7094

RELEASE OF MEDICAL/IMMUNIZATION RECORD

To request your own immunization record, you must be of legal age (18 years or older). If you are requesting the record of a minor (under age 18), you must be the minor's parent or legal guardian at the time of the request. (Please allow 2-4 business days to process)

Please fill out the information below, sig Department.	n, date, and submit by mail, fax, or ema	il to the Lawrence Towns	ship Health
Requesting record(s) for (check one):	Self Child(ren)		
	SELF/CHILD(REN) INFORMATION	ON	
1. Name (Last, First, Middle):			
Date of birth:	Mother's Maiden Name:		
2. Name (Last, First, Middle):			
Date of birth:	Mother's Maiden Name:		
3. Name (Last, First, Middle):			
Date of birth:	Mother's Maiden Name:		
PAI	RENT OR LEGAL GUARDIAN INFOR (Required when requesting record of a min		
Parent/Guardian Name:	Parent/Guardian Phone Number:		
	TE HOW YOU WOULD LIKE TO REC use one method. Only one copy will be supplied		()
☐ Email record(s) to:	_ _ _ F	ax record(s) to:	
☐ Mail record(s) to:			
Street Address If you request the record(s) to be Emailed to yo	City u, please check your 'spam' or 'junk'.	State	Zip
ATTESTAT	ION OF IDENTITY – REQUIRED FOI	R ALL REQUESTS	
I,, as the Lawrence Township Health Department to release			ve, give permission to the
Name (print)	Signature		Date
Street Address	City	State	Zip
Please note: not all healthcare providers in No record may not be in NJIIS or the record may	ew Jersey participate in the New Jersey Immun not be complete.	ization Information System (1	NJIIS). Therefore a

Method:

Initials:

FOR OFFICE USE ONLY

Date: