

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)

	ease fill out the information below, epartment.	orgin, unive, uni	a subtilit by man, ran, or	chair to the Euvrence Tov	nomp reunn	
Re	equesting record(s) for (check one):	Self	Child(ren)			
		SELF/	CHILD(REN) INFORMA	ATION		
1.	Name (Last, First, Middle):					
	Date of birth:	1	Mother's Maiden Name:			
2.	Name (Last, First, Middle):					
	Date of birth:	N	Mother's Maiden Name:			
3.	Name (Last, First, Middle):					
	Date of birth:	N	Mother's Maiden Name:			
			LEGAL GUARDIAN IN			
Pa	rent/Guardian Name:		Parent/Guardian Pho	ne Number:		
			OU WOULD LIKE TO od. Only one copy will be supp	RECEIVE THE RECORD olied for each individual.)	(S)	
☐ Email record(s) to:			☐ Fax record(s) to:			
	Mail record(s) to:Street Addres		City	State	Zip	
	you request the record(s) to be Emailed to		-	Sittle	Σιρ	
	ATTEST	ATION OF II	DENTITY – REQUIRED	FOR ALL REQUESTS		
I, . La	wrence Township Health Department to	as the individual release the immu	OR the parent or legal guar inization record(s) of the above	dian of the minor(s) named ab re named person(s).	ove, give permission to the	
Na	ume (print)		Signature		Date	
Str	reet Address		City	State	Zip	
	Please note: not all healthcare providers i record may not be in NJIIS or the record			munization Information System	(NJIIS). Therefore a	
FC	OR OFFICE USE ONLY					

Method:

Initials:

Date: