



IMMUNIZATON RECORDS RELEASE FORM

Complete, print, sign and submit the form by one of the following methods: Fax (470) 578-9097; mail: Office of the Registrar, 585 Cobb Avenue, MD 0116, ATTN: Immunization Release, Kennesaw, GA 30144-5591; scan and email form to immunizationsvc@kennesaw.edu; or bring the form to: **Kennesaw Campus** – Front Counter or **Marietta Campus** - Building B, M-F, 8 am to 5 pm.

NAME _____ KSU ID # _____ Phone Number _____

Email Address _____@students.kennesaw.edu

The Immunization Record is to be:

Mailed to: NAME

Address

Faxed to: Name _____

Faxed Records incur a \$10 charge to your student account

Fax Number _____

Picked up in person by student _____ Campus

All immunization records requests must be accompanied by a copy of your driver’s license or official Government ID.

Student Signature _____

Date _____