

SEND TO:

**Gardner-Webb University
Registrar's Office**

Gardner-Webb University
Attn: Vice President for
Student Development
P.O. Box 7271
Boiling Springs, NC 28017
Fax: 704-406-4261

Immunization Records Request Form

HEALTH RECORD RETENTION POLICY: All students are encouraged to establish a file for their medical records. As a courtesy to our students we retain Immunization documents for (10) years from time of enrollment only. We are not required by N.C. Law to keep immunization records.

REQUEST FOR IMMUNIZATION RECORDS:

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Maiden/Other Name(s) (if different from above): _____ Phone _____

Address: _____ City: _____ State: _____ Zip: _____

SSN or Student ID#: _____ Academic Program: _____

First Semester Enrolled: _____ Last Semester Enrolled _____ Graduation or Withdrawal Date _____

Choose one:

___ I will pick up a copy of my immunization records.

___ Please email a copy of my immunization records to my email address listed below.

___ Please forward a copy of my immunization records to:

Attn: _____

Student Signature: _____ Date: _____