

## Request for State of Georgia Official Immunization Record

## **INSTRUCTIONS FOR COMPLETING THIS REQUEST**

All immunization record requests must be accompanied by documents that identify the person requesting the immunization record. Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. **Please lighten the copy of the identification cards**. If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "**Requestor's Relationship**" field.

Once this form is completed, send this form and supporting documents to GRITS via Email, Fax or Mail.

Email: <a href="mailto:dph-immreg@dph.ga.gov">dph-immreg@dph.ga.gov</a>

**Fax:** 404-657-7496

**Mail:** Georgia Department of Public Health/GRITS 2 Peachtree Street, NW, Suite 13-276

Atlanta, Georgia 30303-3142

Please allow 3-5 business days for processing.

IMMUNIZATION RECORD REQUESTED FOR:			
Last Name & Suffix if applicable (Jr, Sr, III, etc.)	First Name	Full Middle Name	Maiden Name (If applicable)
Date of Birth (Month/Day/Year)		Gender (Please Circle One) Male Fem	
Mother's First Name	Last Name	Maiden Name	
Counties in Georgia where immunizations were given (if known):			
REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)			
Requestor's Relationship: (If person is under 18 years of age)			
Current Mailing Address:			
Current Contact Phone Number:			
Email Address:		Fax Number:	
If requestor is a social services agency or healthcare facility include supporting documentation such as: signed medical release; court orders; birth certificates; guardianship/custody; etc., as applicable. Registry information is confidential and will not be released to third parties without proper documentation.			
Requestor's Signature:		Date:	

Revised: 3/2018