

STUDENTS REQUESTING IMMUNIZATION (MMR) DOCUMENTS

All requests must be made in writing. There can be up to a three day waiting period especially if the office is busy. We do not accept email letters. **Please fax the letter to us at 212-817-1602.**

The information needed in the letter is the following:

Date

Address letter to Wellness Center/Student Health Services

To Whom It May Concern:

I would like to request a copy of my immunization records.

Name

Date of Birth

SS# or Banner ID#

Program and Year Started

Signature

If you want it mailed:

Please mail my immunization record to: (Provide name and address with zip code) or indicate if you will come in to pick it up.

If you want your documents to be faxed, (please provide name and telephone number). Please note that we only fax documents to another CUNY SCHOOL.