



**TRINITY
UNIVERSITY**

SAN ANTONIO • 1869

HEALTH SERVICES

IMMUNIZATION RECORDS RELEASE REQUEST

Date _____

I here by authorize the release of my immunization records or copies of such from the

TRINITY UNIVERSITY

Health Services

One Trinity Place #80

San Antonio, Texas 78212-7200

PHONE 210-999-8111 FAX 210-999-8378

I request that they be released to:

Name

Address

City, State, Zip

Phone _____

Fax _____

Print Name of Patient _____

Address

City, State, Zip

Phone _____

Social Security # _____

Date of Birth _____

Signature of Patient _____

FOR OFFICE USE ONLY

Date sent _____

Initials _____

Retain in patient chart

(5/03)