



Record Request Form

As of June 2018, Student Student Health Services only accepts digital copies of records uploaded into the patient portal. Records submitted prior to June 2018 are saved in our database and a computer printout is provided of what the state required at time of admission. Records are kept for ten years from the time of submission.

In order to obtain a copy of immunization records, you must authorize the release of your record. A Record Request Form must be filled out, signed (electronic signatures are not accepted), and sent to our office for processing. Incomplete forms will not be processed and requests may take up to five business days to process. There is no fee for record requests.

Send immunization record requests to:

**Kean University Student Health Services
P.O. Box 411
Union , NJ 07083**

E-mail: hsrecords@kean.edu

Fax: (908) 737-4888

Full Name: _____ **Date:** _____

S.S.# or Kean ID: _____ **Phone Number:** _____

Provide the year your immunization record was submitted: _____

Please check by which means you will receive your record:

Receive at Student Health Services in 5 business days.
(Only the person requesting the record can receive it and a form of picture ID is required.)

Mail to the following address: _____

Fax or e-mail my records to: _____

By signing below, I am authorizing the release of my immunization record to the above mentioned person or entity.

Signature: _____

Student Health Services' Personnel Signature	Date and Time Processed