

## Request for Immunization Records

Attn: Greater Amsterdam School District Business Office  
140 Saratoga Ave., Amsterdam, NY 12010

Pursuant to the Regulations of the Family Education Rights and Privacy Act of 1974, I \_\_\_\_\_, am hereby request a photocopy of my immunization records.

I would like my records either:

- Sent to: \_\_\_\_\_ (Please include complete mailing address with name) ; or
- Call me when records are available at \_\_\_\_\_ (Please list phone number here); or
- Faxed to \_\_\_\_\_ (Please list entire fax number including area code and the name of the person requesting information.)

Your date of birth \_\_\_\_\_

Did you graduate? \_\_\_\_\_

What year did you graduate? \_\_\_\_\_

If you did not graduate, please list the year and school you last attended in Amsterdam: \_\_\_\_\_

Name (maiden) at time of graduation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of request: \_\_\_\_\_