



Pflugerville ISD Health Services Immunization Record Request

Student Complete Legal Name: _____

Student Date of Birth: ____/____/____ Date of withdrawal/graduation: ____/____/____

Last PfISD campus attended: _____

Select your desired method of immunization record delivery below:

- Pick up immunization record at _____ campus
- Email (only to the email address listed on the student's emergency contact information to ensure student privacy)
- Fax immunization record to _____

Copy of photo ID here
(or attach photo in email)

PfISD will only release immunization records to a parent/guardian listed on the student's emergency contact information with a copy of a valid photo ID above. Please allow 5-7 business days for processing.

All requests should be faxed, emailed or brought to the last campus the student attended or the nearest summer school campus during summer months (see website for campus contact information <http://www.pfisd.net/domain/238>).

Parent/Guardian Signature

Date

Parent/Guardian phone number