



NORH COUNTRY COMMUNITY COLLEGE

Student Life and Health Records Office

23 Santanoni Avenue, P. O. Box 89 Saranac Lake, NY 12983

Phone: (518) 354-5278 ♦ Fax: (518) 891-6562 ♦ Email: healthrecords@nccc.edu

IMMUNIZATION REQUEST FORM

Name: _____ Other Name(s) Used: _____

Social Security #: _____ Birth Date: _____

Current Address: _____
City State Zip

E-Mail address: _____

I am a current student at NCCC The last semester I attended NCCC was _____

Student Signature Required to Release Immunization Records

Date

There is a \$7.00/copy administrative fee for the copying and sending of immunization records.

There is an additional \$2.00 fee if records are faxed.

Payment Options: *(payment must be received prior to release of records)*

Payment is enclosed with this form. Make check/money order payable to "North Country Community College" and mail to: NCCC Business Office, PO Box 89, Saranac Lake, NY 12983

Fax this form to 518-891-6562 or e-mail to businessoffice@nccc.edu

I authorize NCCC to charge my credit/debit card as follows: \$7.00 \$9.00 Other \$_____

Card Number _____ Card Type Master Card Visa Discover

Expiration Date _____ 3 digit code _____

Cardholder Signature

Date

Mail to: Name of Organization _____
Address _____

I will pick up on (Date) _____

FAX to: Name of organization _____
Fax Number _____

FOR OFFICE USE ONLY:

Date Paid: _____ Amount Paid: _____ Receipt # _____ Initials: _____

Date Sent/Picked Up: _____ By: _____