



Student Health Services  
 112 College Road  
 Loch Sheldrake, NY 12759  
 (845) 434-5750 ext. 4247  
 Fax: (845) 434-3628  
 Email: Healthservices@sunysullivan.edu

# Immunization Transcript Request

- Mail, Fax or bring this completed form with payment to the Health Services Office.
- Allow at least 5 business days for processing. During busy periods it may take slightly longer. Immunizations will not be sent if there is a hold/impound on them.

## Student Information – Please PRINT

Name: \_\_\_\_\_  
 First Middle Initial/Name Last

If attended with a **different** name, provide name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Order Information:

# of Transcripts Requested \_\_\_\_\_ x \$10 each = Total Payment: \$ \_\_\_\_\_

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

### **Please check one:**

\_\_\_\_\_ Mail to self – (address above) \_\_\_\_\_ Mail to address listed below \_\_\_\_\_ Email to Health Services  
 \_\_\_\_\_ Pick Up by self \_\_\_\_\_ Fax to number below

Name of Institution or Place to be sent: \_\_\_\_\_

Contact Person (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax #: \_\_\_\_\_

## Payment Information (If billing address is different than above, please include it on here)

\_\_\_\_\_ Cash \_\_\_\_\_ Check/Money Order (Made payable to SUNY Sullivan)

\_\_\_\_\_ Credit Card ( ) Discover ( ) Master Card ( ) Visa ( ) American Express

Print Name as it appears on credit card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ Three digit code on back of card: \_\_\_

I authorize transcript fees listed above to be charged to my credit card.

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

*Office Use Only*

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Date Mailed: \_\_\_\_\_