

## Health Records Request Form

Connecticut College Student Health Services maintains medical records on all students up until seven years after graduation. If you wish your immunization records, pap smears, other labs or a complete copy of your record, please fill out the form below and submit the appropriate payment due. All graduating Seniors are traditionally advised to obtain copies of immunizations before leaving the College.

Name: \_\_\_\_\_ Graduating Year \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_

FAX#: \_\_\_\_\_

Request:    Immunization records        pap smears        entire medical record

Other (specify)

Payment: \$5.00 immunizations/Pap Smears

\$20.00 entire medical record (can only be mailed)

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

Note: records will not be released without signature and payment.  
Please make your checks payable to Connecticut College Student Health Services.

Please Fax to above number (Immunizations/Pap Smears only)

Please mail to my home address or address given: \_\_\_\_\_

Connecticut College  
Student Health Services  
Telephone: (860) 439-2275  
Fax# : (860) 439-5430