



## REQUEST FOR OFFICIAL STATE OF MICHIGAN IMMUNIZATION RECORD

**PLEASE PRINT CLEARLY AND LEGIBLY**

REQUESTED IMMUNIZATION RECORD INFORMATION			
Last Name	First Name	Middle Name	Maiden Name
Date of Birth:	Month / Day / Year	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)			
<b>NOTE:</b>	<p><b>All requests MUST be accompanied with a photocopy of the requestor's current state-issued driver's license or picture I.D. or it will not be processed.</b></p> <ul style="list-style-type: none"> <li>If the record requested is for a person under 18 years of age, please state your relationship to the child.</li> <li>If the record requested is for a person 18 years of age or older, only the person named on the Immunization record may request a copy.</li> <li>If the requestor is a social services agency, please provide a formal request with parental/legal guardian's signature and a photocopy of their state-issued I.D., along with a photocopy of requestor's state-issued I.D.</li> </ul>		
Requestor's Name:			
Requestor's Relationship:			
<b>NOTE:</b>	Have you recently moved? If so, please provide both old and new addresses. If not, provide current address. If you moved out-of-state, please provide your last known Michigan address.		
<input type="checkbox"/> Old <input type="checkbox"/> Current Address:	Street	City	Zip Code   County
New Address:	Street	City	State   Zip Code
<b>NOTE:</b>	Has your telephone number recently changed? If so, please provide both the old and new number.		
<input type="checkbox"/> Old <input type="checkbox"/> Current Telephone Number:	Area Code/Number	New Number:	Area Code/Number
Requestor's Signature		Date	
<p><b>Instructions for completing this request:</b> Please complete the form by <b>printing</b> all requested information as completely as possible. International requests please include an email address. We cannot fax or phone internationally. <b>Fax to:</b> 517-335-9855  <b>Mail to:</b> Michigan Dept. of Health and Human Services-Immunization Program, PO Box 30195, Lansing, MI 48909. Please allow 14 business days for processing.</p>			
Office Use Only	<i>MCIR ID</i>	<i>Date mailed</i>	<i>Initials</i>