

Immunization Transfer Form

COMPLETE ALL INFORMATION (please print)

Child's Legal Name: _____ Birth Date: _____ Age: _____
Race: _____ American Indian/Alaskan Native Hispanic Sex: M / F Grade: _____
Home address: _____ City: _____
State: _____ Zip: _____

Mother: _____ Cell #: _____
Father: _____ Cell #: _____

Legal Guardian(s) must provide legal documents.

Guardian: _____ Cell #: _____

****There is a \$10.00 fee for each transfer of records****
Transfers can take up to 5 business days

Signature: _____ Date: _____

ADDITIONAL CHILDREN

Child's Legal Name: _____ Birth Date: _____ Age: _____
Race: _____ American Indian/Alaskan Native Hispanic Sex: M / F Grade: _____

Child's Legal Name: _____ Birth Date: _____ Age: _____
Race: _____ American Indian/Alaskan Native Hispanic Sex: M / F Grade: _____

Child's Legal Name: _____ Birth Date: _____ Age: _____
Race: _____ American Indian/Alaskan Native Hispanic Sex: M / F Grade: _____

Child's Legal Name: _____ Birth Date: _____ Age: _____
Race: _____ American Indian/Alaskan Native Hispanic Sex: M / F Grade: _____

Child's Legal Name: _____ Birth Date: _____ Age: _____
Race: _____ American Indian/Alaskan Native Hispanic Sex: M / F Grade: _____