



HEALTH RECORDS REQUEST FORM

Connecticut College Student Health Services maintains medical records on all students up until seven (7) years after graduation. If you want your immunization records, pap smears, other labs or a complete copy of your record, please fill out the form below and return it via fax, email or U.S. mail.

Name: _____ Graduation Year: _____

Student ID: _____ Date of birth: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

- Request: Immunization record(s)
 Pap smear(s)
 Entire medical record (can only be mailed)
 Other (specify) _____

Signature: _____ Date: _____

Note: records will not be released with a signature

- Please fax to above number (immunizations/pap smears only)
- Please email to above email address (immunizations/pap smears only)
- Please mail to above address