



# Immunization Record Request Form



All immunization record request must be accompanied by a copy of documentation that identifies the person requesting the immunization record. Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. **Please verify that the copy of the identification card is legible.**

If you need to request multiple records, please submit an Immunization Records Request Form for each record. If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field. If you are requesting records for someone under 18 years of age, their records will only be released to a school or daycare facility. **Immunization record requests will be processed within 5-7 business days.**

IMMUNIZATION RECORD REQUESTED FOR:			
First Name:		Middle Name:	Last Name:
Date of Birth: / / <small>Month Day Year</small>	Gender: Male Female		Phone Number:
Current address:		City:	State: Zip:

REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)			
Requestor's Name:		Requestor's Relationship:	
Current address:		City:	State: Zip:
Phone:	E-mail:		
By signing this agreement, I _____ hereby authorize the Alaska Department of Health and Social Services (DHSS) <small>(print name of requestor)</small>			
to release immunization information that may be held by the Alaska Immunization Information System (VacTrAK) of the Alaska Department of Health and Social Services. I authorize release in the manner that I have requested. This information is to be released and sent to the following:			
School	Daycare/Childcare center	Self (Records will be sent to you only if it is your record and you are over 18 years of age)	
Recipient/To the Attention of:		Name of Organization:	
Fax record to fax number:		Phone number:	
Address of School or Daycare/Childcare center:			
Requestor's Signature:		Date:	

**Once this form is completed, please print, sign and date. Send form along with a copy of supporting documents to VacTrAK via Fax or Mail.**

**Fax: 907-562-7802 ATTN: VacTrAK Records Request**

**Mail: Alaska Department of Health and Social Services**

**Division of Public Health, Section of Epidemiology  
Alaska Immunization Program-VacTrAK  
3601 C Street, Suite 540  
Anchorage, AK 99503**

If your records are found in our system we will send the records to the destination you requested above. If your records are not found in our system, we will contact you. VacTrAK may reach out to you via email for additional information on your request. **VacTrAK will not be able to process emailed vaccine record requests or send vaccine records via email.**