HUNTER
The City University of New York

Immunization Records
695 Park Avenue, 307 North, New York, NY 10065
T: 212.772.4800 | **F**: 212.650.3254, 212.396.6703
Wellness@hunter.cuny.edu

CONSENT TO RELEASE IMMUNIZATION RECORDS

Date: _____

I,_____authorize the release of my immunization records by the Hunter College CWS-Immunization Records to:

_____
Name of Person / Organization / Institution

_____
Address (Line 1)

_____
Address (Line 2)

_____ _____
Telephone ***Fax***

*This consent must be accompanied by a valid and **legible** photo ID. Legible photocopies are accepted. No camera scans or photos from mobile devices will be accepted.*

This release expires in 12 months unless another date is specified: _____

_____ _____
Student Name (print) **Student Signature** **Date**

_____ _____
CUNYfirst ID (EMPL ID) **Immunization Records Staff Signature** **Date**

CUNY