



The Wellness Center
Student Health Services
365 Fifth Avenue, Suite 6422
New York, NY 10016
Phone : (212) 817-7020
Fax: (212) 817-1602
wellness@gc.cuny.edu
<http://cuny.is/wellnesscenter>

Request for Immunization Records

Date: _____

Name: _____

Date of Birth: _____

Banner ID: _____

Program: _____

Semester/Year started at Graduate Center: _____

Will you pick up your immunization record? Yes No (circle one)

If yes, please provide contact information so that we may contact you when your record is ready for pick-up

Phone _____ Email _____

If not, please provide complete name and address below for where you would like to have your record mailed (your record may be faxed ONLY if it is being faxed to another CUNY school)

Student's Signature