



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](mailto:wellness@gc.cuny.edu)  
<http://cuny.is/wellnesscenter>

**Request for Immunization Records**

*Please note that we keep immunization records on file 7 years from the date of admission.*

**Allow up to 3 business days for our office to process your request.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EMPL ID (formerly 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 or faxed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature