



**Public Health**  
Prevent. Promote. Protect.  
Fargo Cass Public Health

## IMMUNIZATION RECORD REQUEST FORM FARGO CASS PUBLIC HEALTH

Please complete this form in its entirety. Contact Fargo Cass Public Health (FCPH) Immunization Program at 701-241-1360 if you have questions.

For mail request, return this form to:

**FARGO CASS PUBLIC HEALTH  
ATTN IMMUNIZATION PROGRAM  
1240 25<sup>TH</sup> STREET SOUTH  
FARGO ND 58103-2367**

Or

For fax request, fax this form to Attention Immunization Program: 701-241-8559

### PLEASE PRINT

Date of request			
Client's name		Date of Birth	
Street address	City	State	Zip Code
Telephone number			
What method would you like this information sent? (Please Check)			
<input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Pick up at FCPH			
Address of where immunization record should be sent (if different from above)	City	State	Zip Code
Fax number where immunization record should be sent			
Fax location			
Name of individual or personal representative of record requested			
Relationship to person whose record has been requested <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian			
If parent or guardian is checked above, is the person whose record has been requested <u>less than</u> 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (records can only be released to the individual if they are legally an adult)			
Signature of individual or personal representative			

**FOR OFFICE USE ONLY**

Completed by	Date
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