

**New Jersey Department of Health**  
**Vaccine Preventable Disease Program**  
**P.O. Box 369, Trenton, NJ 08625-0369**  
**609-826-4860**  
**www.njiis.nj.gov**

**NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIS)**  
**REQUEST FOR COPY OF NJIS IMMUNIZATION RECORD**

*Please attach documents to identify the person requesting this NJIS immunization record. Some examples of acceptable forms of identification are: a state-issued photo driver's license with address; a state-issued photo non-driver's identification card with address; a similar form of identification issued by this State, another state, or the Federal government; or a photo identification card issued by a New Jersey County Clerk.*

INFORMATION ON REQUESTED RECORD	
Name of Registrant (as it currently appears in NJIS) ( <i>Print</i> )	Date of Birth
Street Address	NJIS Registry ID Number ( <i>if known</i> )
City <span style="float: right;">State <span style="margin-left: 50px;">Zip Code</span></span>	Daytime Telephone Number
Name of Parent/Guardian	Relationship
Name of Current Primary Health Care Provider	Telephone Number
INDIVIDUAL OR ENTITY TO RECEIVE COPY OF NJIS IMMUNIZATION RECORD	
Name ( <i>Print</i> )	
Street Address	
City <span style="float: right;">State <span style="margin-left: 50px;">Zip Code</span></span>	
AUTHORIZATION FOR RELEASE OF INFORMATION	
<p><i>I am requesting a copy of the NJIS Immunization Record for the above-named person.</i></p> <p><i>I hereby authorize the New Jersey Department of Health to release a copy of the NJIS Immunization Record for the above-named person to the individual or entity indicated.</i></p>	
Name of Requestor ( <i>Print</i> )	Telephone Number
Street Address	Relationship to person named on the requested NJIS Immunization Record
City <span style="float: right;">State <span style="margin-left: 50px;">Zip Code</span></span>	
Signature of Requestor	Date

***Mail completed form with copies of official supporting documents to the address above.***