CENTRAL VALLEY HEALTH DISTRICT

IMMUNIZATION RECORD REQUEST

122 2ND ST. NW, JAMESTOWN, ND 58401

PHONE: 701.252.8130 FAX:701.252.8137

Immunization Record Request			
Method for Receiving Request:	**In-Person.** Must pick up from CVHD in Jamestown. Please allow 2 business days for your request to be processed. **Mail.** To address listed below. **Email.** To email address listed below.		
Requested Immunization Record Information *Who is the request for?*			
First Name:	Middle Name:		
Maiden Name:	Last Name:		
Date of Birth:	Gender: Male Female		
Requestor's Information			
Requestor's Last Name:	Requestor's First Name:		
Relationship: Self Parent	Guardian (provide release of information form)		
Street Address:			
City:	State:	ZIP Code:	
Telephone Number:	Email Address:		

By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.	
Signature:	Date:

Central Valley Health District *(For Office Use Only)*	
Date Received:	Date Fulfilled:
Fufilled by: (initials)	Record Distributed Record Not Found

Send the completed request to **bschwartz@nd.gov**. Allow 2 buisness days for request to be processed.

Please bring a form of identification (i.e. Driver's License) when picking up the requested document.