



One Education Drive
Garden City, NY 11530-6793

Student Health Services IMMUNIZATION RECORD REQUEST

NAME: _____

ADDRESS: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF REQUEST: _____

BANNER I.D.: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

BURSAR VALIDATION \$5.00 FEE

FOR OFFICE USE ONLY