



Request for State of Georgia Official Immunization Record

INSTRUCTIONS FOR COMPLETING THIS REQUEST

All immunization record requests must be accompanied by documents that identify the person requesting the immunization record. Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. **Please lighten the copy of the identification cards.** If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the **"Requestor's Relationship"** field.

Once this form is completed, send this form and supporting documents to GRITS via Email, Fax **or** Mail.

Email: dph-immreg@dph.ga.gov

Fax: 404-657-7496

Mail: Georgia Department of Public Health/GRITS
2 Peachtree Street, NW, Suite 13-276
Atlanta, Georgia 30303-3142

Please allow 3-5 business days for processing.

IMMUNIZATION RECORD REQUESTED FOR:

Last Name & Suffix if applicable (Jr, Sr, III, etc.)	First Name	Full Middle Name	Maiden Name (If applicable)
Date of Birth (Month/Day/Year)		Gender (Please Circle One) Male Female	
Mother's First Name	Last Name	Maiden Name	
Counties in Georgia where immunizations were given (if known):			

REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)

Requestor's Relationship: (If person is under 18 years of age)	
Current Mailing Address:	
Current Contact Phone Number:	
Email Address:	Fax Number:
If requestor is a social services agency or healthcare facility include supporting documentation such as: signed medical release; court orders; birth certificates; guardianship/custody; etc., as applicable. Registry information is confidential and will not be released to third parties without proper documentation.	
Requestor's Signature:	Date: