



Request for State of Georgia Official Immunization Record

PLEASE PRINT CLEARLY

INSTRUCTIONS FOR COMPLETING THIS REQUEST			
1. Please complete this form by clearly printing all information and attaching any additional supporting documentation required. 2. You have three options for submitting your record request to GRITS: Option 1: Mail to: 2 Peachtree Street NW, Suite 13-276, Atlanta, Georgia 30303-3142. Option 2: Fax to: 404-657-7496 Option 3: Email to: dph-immreg@dph.ga.gov 3. Please allow 3-5 business days for processing.			
REQUESTED IMMUNIZATION RECORD INFORMATION			
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)			
***NOTE: <input type="checkbox"/> Requests will not be processed without a clear photocopy of the requestor's current, state – issued photo I.D. <input type="checkbox"/> Include all supporting documentation such as: Court Orders; Birth Certificates; Guardianship/Custody; etc., as applicable. <input type="checkbox"/> If the record requested is for a person under 18 years of age, please state your relationship to the child. <input type="checkbox"/> If the record requested is for a person 18 years of age or older, only the person named on the immunization record may request their record. <input type="checkbox"/> Registry information is confidential and will not be released to third parties without written consent. <input type="checkbox"/> If the requestor is a social services agency or out-of-state health care facility, please provide complete information from the above section along with a release form to receive an immunization record. A fax number and a direct telephone number are required for a prompt response.			
Requestor's Name:			
Requestor's Relationship:			
Current Mailing Address:			
Current Contact Phone Number:			
Email Address:			
Fax Number:			
SIGNATURE AND DATE			
Requestor's Signature:			Date: