



REQUEST FOR OFFICIAL STATE OF MICHIGAN IMMUNIZATION RECORD

PLEASE PRINT CLEARLY AND LEGIBLY

REQUESTED IMMUNIZATION RECORD INFORMATION			
Last Name	First Name	Middle Name	Maiden Name
Date of Birth:	Month	Day	Year
		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)			
NOTE:	<p>All requests MUST be accompanied with a photocopy of the requestor's current state-issued driver's license or picture I.D. or it will not be processed.</p> <ul style="list-style-type: none"> If the record requested is for a person under 18 years of age, please state your relationship to the child. If the record requested is for a person 18 years of age or older, only the person named on the Immunization record may request a copy. If the requestor is a social services agency, please provide a formal request with parental/legal guardian's signature and a photocopy of their state-issued I.D., along with a photocopy of requestor's state-issued I.D. 		
Requestor's Name:			
Requestor's Relationship:			
NOTE:	Have you recently moved? If so, please provide both old and new addresses. If not, provide current address. If you moved out-of-state, please provide your last known Michigan address.		
<input type="checkbox"/> Old <input type="checkbox"/> Current Address:	Street	City	Zip Code
			County
New Address:	Street	City	State
			Zip Code
NOTE:	Has your telephone number recently changed? If so, please provide both the old and new number.		
<input type="checkbox"/> Old <input type="checkbox"/> Current Telephone Number:	Area Code/Number	New Number:	Area Code/Number
Requestor's Signature	Date		
Instructions for completing this request			
Please complete the form by printing all requested information as completely as possible. Provide any additional information requested. Mail this request to: Michigan Depart. of Community Health-Immunization Program, PO Box 30195, Lansing, MI 48909. Please allow 14 business days for processing.			
Office Use Only	<i>MCIR ID</i>	<i>Date mailed</i>	<i>Initials</i>