



A path for every student.

IMMUNIZATION RECORD REQUEST

(please print)

Student Name:		Birthdate:
Current Student: (school)		Former Student: (grad yr)
Name of individual requesting record:		
Relationship to student: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		
Address:		Phone:
What method would you like this information sent? (please check) <input type="checkbox"/> Fax <input type="checkbox"/> Mail		
Address: (if different than above)		
Fax #:		Attention:
Signature: (individual or parent/guardian)		Date:

<u>Mail Request To:</u>	Sauk Rapids-Rice Schools Attention: Health Services 1835 Osauka Rd NE Sauk Rapids, MN 56379
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<u>Faxing Instructions:</u> Failure to follow these faxing instructions may delay receiving records in a timely manner.	<u>Request for immunizations during the summer months:</u> Please call your child's school or the District Office <i>prior</i> to sending your fax. Due to limited office hours during the summer months, requests may take up to 2 weeks to process.
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School	Phone	Fax #
SRR High School	(320) 253-4700	(320) 258-1717
SRR Middle School	(320) 654-9073	(320) 259-8909
Pleasantview Elem. School	(320) 253-0506	(320) 253-1444
Mississippi Heights Elem. School	(320) 252-0122	(320) 258-1399
Rice Elem. School	(320) 393-2177	(320) 393-2140
ISD #47 District Office	(320) 253-4703	(320) 255-1914

