

IMMUNIZATION RECORD REQUEST

(All Requests Must Be Made in Writing By The Student)

WYOMING STATE ARCHIVES

BARRETT BUILDING

2301 CENTRAL AVENUE

CHEYENNE, WY 82002

FAX: (307)777-7044

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(Fill out and print form / scan or photograph the completed SIGNED form / attach to your email.)

A copy of your driver's license must be attached to this request.

DATE OF REQUEST: _____

NAME OF SCHOOL ATTENDED: _____

YEAR OF GRADUATION: _____ NON-GRADUATE, LAST YEAR ATTENDED: _____

NAME: _____
(Please Print) (Last) (First) (Middle) (Maiden)

OTHER NAMES USED WHILE IN SCHOOL: _____

STREET ADDRESS: _____
(Current)

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

SIGNATURE: _____

SEND IMMUNIZATION RECORD TO:

COLLEGE/BUSINESS: _____

STREET ADDRESS: _____

CITY AND STATE: _____ ZIP: _____

FAX NUMBER: _____

8/2013