



**Las Animas – Huerfano Counties
District Health Department**
412 Benedicta Ave. Trinidad, CO 81082
Phone: (719) 846-2213 Fax: (719) 846-4472
119 E. 5th Street, Walsenburg, CO 81089
Phone: (719) 738-2650 Fax: (719) 738-2653

RELEASE OF IMMUNIZATION RECORD

You must be a parent or legal guardian for the child whose record you are requesting or of legal age for your own record. Please fill out the information below, sign, date, and return by mail, fax, or E-mail.

IDENTIFYING INFORMATION

1. Name: _____
Last First Middle
Date of birth: _____ Mother's Maiden Name _____
2. Name: _____
Last First Middle
Date of birth: _____ Mother's Maiden Name _____
3. Name: _____
Last First Middle
Date of birth: _____ Mother's Maiden Name _____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE THE RECORD (PLEASE CHOOSE ONE):

- ☐ Fax: _____ ☐ Pick-up
- ☐ Mail: _____
Street City State Zip

I, _____ hereby give permission to LA-HCDHD Department of Health/CIIS as Parent or Legal Guardian to release a copy of the immunization records for all persons named.

Signature Date Phone Number

***Please note not all immunization providers in Colorado submit information to the Colorado Statewide Immunization Information System (CIIS). There is a chance your child's record may not be found in CIIS, or the record may have incomplete information. One copy of the immunization record will be supplied for each child. This request expires one year from date of request.**

For Office Use Only

Date Searched/Released: _____ ☐ Record Released ☐ Record Not Found

By: _____ ☐ Record found but no immunizations reported

Verified: ☐ Drivers License or ID Card And/ Or ☐ Signature