

Health Records Request Form

Connecticut College Student Health Services maintains medical records on all students up until seven years after graduation. If you wish your immunization records, pap smears, other labs or a complete copy of your record, please fill out the form below and submit the appropriate payment due. All graduating Seniors are traditionally advised to obtain copies of immunizations before leaving the College.

Name: _____ Graduating Year _____

Student ID: _____

Address: _____

Phone: _____

FAX#: _____

Request: Immunization records pap smears entire medical record

Other (specify)

Payment: \$5.00 immunizations/Pap Smears

\$20.00 entire medical record (can only be mailed)

Signature: _____ Date: _____

Note: records will not be released without signature and payment.
Please make your checks payable to Connecticut College Student Health Services.

Please Fax to above number (Immunizations/Pap Smears only)

Please mail to my home address or address given: _____

Connecticut College
Student Health Services
Telephone: (860) 439-2275
Fax# : (860) 439-5430