



Center for Health & Counseling Services

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Health Services

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

Phone: 201-684-7536

[immunize@ramapo.edu](mailto:immunize@ramapo.edu)

### Request for Copy of Immunization Record

Name: \_\_\_\_\_

Must be the name under which you attended Ramapo College of N.J.

Date of Birth: \_\_\_\_\_

Student ID# R\_\_\_\_\_

Date Last Attended RCNJ: \_\_\_\_\_

Please note that records are retained only for 10 years after date of last attendance. Any records more than 10 years old are shredded as per the New Jersey Open Public Records Act and are no longer available.

Email address to send documentation: \_\_\_\_\_

Fax number to send documentation: \_\_\_\_\_

**Please note that Health Services will only send documentation to you. We will not send to a second party such as your medical provider or another institution of higher education. It is your responsibility to provide the documentation to a second party.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office use only) ID VERIFIED BY: \_\_\_\_\_