



Brazoria County Health Department Authorization To Release Official Immunization Record

Client's Name _____
Last First Middle

Date of Birth: ____/____/____
Month Day Year Male Female

Please indicate how and where to send this official immunization record.

Name: _____
Last First

Address: _____
Street City State Zip

Phone Number: (____) _____

Send official immunization record by: Mail to address below Fax: (____) _____

Requestor Information - must complete in entirety

I, _____, authorize the Brazoria County Health Department
Print name of (or Parent, Legal Guardian, or Managing Conservator for a child)

to release this client's official immunization record. I further release the aforesaid Brazoria County Health Department from all legal responsibility of liability that may arise from the act that I have authorized above.

Address: _____
Street City State Zip

E-mail address (if available): _____ Phone Number: (____) _____

Signature of Client (or Parent, Legal Guardian, or Managing Conservator for a child) _____ Date: ____/____/____
Month Day Year

***Please fax request to Brazoria County Health Dept.
* Allow 24-48 hours from the time fax is received for records to be released****

If you have any questions or concerns please contact your local
Brazoria County Health Department:

	<u>ANGLETON</u>	<u>LAKE JACKSON</u>	<u>ALVIN</u>	<u>PEARLAND</u>
Phone:	(979) 864-1484	(979) 265-4446	(281) 585-3024	(281) 485-5344
Fax to:	(979) 864-3955	(979) 299-0020	(281) 585-8409	(281) 485-4689

For Office Use Only

Date Searched/Released: _____ Record Released Record Not Found

By: _____ Record found but no immunizations reported