



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
IMMUNIZATION REGISTRY (IMMTRAC)
AUTHORIZATION TO RELEASE OFFICIAL IMMUNIZATION HISTORY**



Client's Name: _____
Last First Middle

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

Address: _____
Street City State Zip

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

Name/Organization: _____

Address: _____
Street City State Zip

Phone Number: (_____) _____

Send official immunization record by: Walk-in/In person Mail to address above
 Fax Number: (_____) _____

Requestor Information – must complete in entirety

I _____ authorize the Texas Department of State
Print Name of Client (or Parent, Legal Guardian, Managing Conservator for a child)
 Health Services to release this client's official immunization record from the Texas Immunization Registry (ImmTrac).

Address: _____
Street City State Zip

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

Signature of Client (or Parent, Legal Guardian, Managing Conservator for a child) Date

Privacy Notification

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

For Office Use Only

Date Searched/Released: _____ Record Released Record Not Found
By: _____ Record Found, but No Immunizations Reported

If you have any questions or concerns please contact the Texas Department of State Health Services (ImmTrac Group) at (800) 252-9152 or via e-mail at ImmTrac@dshs.state.tx.us.

Mail To: Texas Department of State Health Services
 ImmTrac Group, MC1946
 PO Box 149347
 Austin, TX 78714-9347

Fax to: (512) 776-7790
 (512) 776-7288