



Immunization Record Request Form



All immunization record requests must be accompanied by a copy of documentation that identifies the person requesting the immunization record. Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. **Please verify that the copy of the identification cards is legible, please enlarge copy if needed.**

If you need to request multiple records, please submit an Immunization Records Request Form for each record. If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field. If you are requesting records for someone under 18 years of age, their records will be only released to a school or daycare facility.

Immunization record requests will be processed within 5-7 business days.

IMMUNIZATION RECORD REQUESTED FOR:					
First Name:		Middle Name:		Last Name:	
Date of Birth:	Gender:	Phone Number:	Previous Name:		
<small>Month / Day / Year</small>					
Current address:			City:	State:	Zip:

REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)			
Requestor's Name:		Requestor's Relationship:	
Current address:		City:	State: Zip:
Phone:	E-mail:		
By signing this agreement, I _____ hereby authorize the Alaska Department of Health (DOH) to release immunization information that may be held by the Alaska Immunization Information System (VacTrAK) of the Alaska Department of Health. I authorize release in the manner that I have requested. This information is to be released and sent to the following:			
<input type="checkbox"/> School	<input type="checkbox"/> Daycare/Childcare center	<input type="checkbox"/> Self (Records will be sent to you only if it is your record and you are over 18 years of age)	
Recipient/To the Attention of:		Name of Organization:	
Fax record to fax number:		Phone number:	
Address of School or Daycare/Childcare center:			
Requestor's Signature:		Date:	

Once this form is completed, please print, sign and date. Send form along with a copy of supporting documents to VacTrAK via Fax or Mail.

Fax: 907-562-7802 ATTN: VacTrAK Records Request

**Mail: Alaska Department of Health
Division of Public Health, Section of Epidemiology
Alaska Immunization Program-VacTrAK
3601 C Street, Suite 540
Anchorage, AK 99503**

If your records are found in our system, we will send the records to the destination you requested above. If your records are not found in our system, we will contact you. VacTrAK may reach out to you via email for additional information on your request. **VacTrAK will not be able to process emailed vaccine record request or send vaccine records via email.**