



Immunization Records Release Request Form

PLEASE PRINT ALL INFORMATION

Name _____ Date _____

Former Name(s) _____

EMPL ID# _____ Phone _____

This form may be mailed, faxed, delivered, or emailed to the One Stop.

Phone: 701-483-2090

Fax: 701-483-2409

Email: dsu.onestop@ndus.edu

Mailing Address: One Stop, 291 Campus Drive, Dickinson ND 58601



Where should we send your immunization records?

I will pick up my records on _____

Please fax my records to _____

Fax number: _____

Please mail my records to the following address:

Company/Person _____

Street Address _____

City, State, Zip _____

Student Signature _____

Completed by the One Stop Name _____ Date _____