

Texas Immunization Registry (ImmTrac2) Authorization to Release Official Immunization History

First Name Middle Name	La La		st Name
Date of Birth: Gender: ☐ Male ☐ Female			
Address			Apartment # / Building #
City	State	Zip Code	County
Please indicate how and where to send this official immunization record.			
Name/Organization			
Address			Apartment # / Building #
City	State	Zip Code	Telephone Number:
Send official immunization record by: Fax Number	er:		☐ Mail to address above
☐ Email Address:			
Requestor Information – must complete in entirety			
I,			
Address			Apartment # / Building #
City	State	Zip Code	County
E-mail address (if available):		Telephone Num	ber:
Select the relationship that applies between you and the clien		dult Client/Self anaging Conserva	
Signature of Adult Client (or Parent, Legal Guardian, or 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.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)			
For Office Use Only ImmTrac2 ID#:			
Date Searched / Released:	[Record Releas Record Found	ed Record Not Found , but No Immunizations Reported

Contact Information

Questions? Tel: (800) 348-9158 • Fax: (512) 776-7790 • www.ImmTrac.com

Texas Department of State Health Services • Immunizations • Texas Immunization Registry – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347