New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369, Trenton, NJ 08625-0369
609-826-4860
www.njiis.nj.gov

NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)
REQUEST FOR COPY OF NJIIS IMMUNIZATION RECORD

Please attach documents to identify the person requesting this NJIIS immunization record. Some examples of acceptable forms of identification are: a state-issued photo driver's license with address; a state-issued photo non-driver's identification card with address; a similar form of identification issued by this State, another state, or the Federal government; or a photo identification card issued by a New Jersey County Clerk.

INFORMATION ON REQUESTED RECORD	
Name of Registrant (as it currently appears in NJIIS) *(Print)*	Date of Birth
Street Address	NJIIS Registry ID Number *(if known)*
City State Zip Code	Daytime Telephone Number
Name of Parent/Guardian	Relationship
Name of Current Primary Health Care Provider	Telephone Number

INDIVIDUAL OR ENTITY TO RECEIVE COPY OF NJIIS IMMUNIZATION RECORD		
Name *(Print)*		
Street Address		
City	State	Zip Code

AUTHORIZATION FOR RELEASE OF INFORMATION

I am requesting a copy of the NJIIS Immunization Record for the above-named person.
I hereby authorize the New Jersey Department of Health to release a copy of the NJIIS Immunization Record for the above-named person to the individual or entity indicated.

Name of Requestor *(Print)*	Telephone Number
Street Address	Relationship to person named on the requested NJIIS Immunization Record
City State Zip Code	
Signature of Requestor	Date

Mail completed form with copies of official supporting documents to the address above.