

Immunization Request Form

Please complete the entire form. **Date** and *Sign your name.* *

Current Information:

Please Print

Name: _____ Social Security No.: _____

Current Address: _____ DOB: ____/____/____

City: _____ State: ____ Zip: _____ Phone: _____

There is a new procedure for obtaining your transcripts. Please log onto credential solutions and follow directions for an official transcript. If you would like an unofficial transcript please contact the Registrar's Office for further information.

Before emailing or faxing a request you must first and foremost complete this form, then you can scan it and email it to us for processing or fax it directly to the Registrar's Office.

FAX #: 518-762-4334

REGISTRAR@FMCC.EDU

The college has my permission to release my immunizations. I am responsible for a correct and legible mailing address and/or fax number.

*Student's Signature (Required)

Date

Print complete name and address where your immunization record is to be sent, or the fax number and name of the person who should receive it:

MAIL REQUEST TO:
Fulton-Montgomery Community College
2805 State Highway 67
Johnstown, NY 12095
Attn: Registrar's Office
Phone: (518) 736-3622 Ext. 8702