



Request for State of Georgia Official Immunization Record

PLEASE PRINT CLEARLY

INSTRUCTIONS FOR PARENTS/GUARDIAN COMPLETING THIS REQUEST

1. Please complete this form by clearly printing all information and attaching any additional supporting documentation required.
 - Requests will not be processed without a clear photocopy of the requestor's current, state – issued photo I.D., passport or visa.
 - If the record requested is for a person under 18 years of age, please state your relationship to the child. If the record requested is for a person 18 years of age or older, only the person named on the immunization record may request their record.
2. You have three options for submitting your record request to GRITS:
 - Option 1: Mail to: 2 Peachtree Street NW, Suite 13-276, Atlanta, Georgia 30303-3142.
 - Option 2: Fax to: 404-657-7496
 - Option 3: Email to: dph-immreg@dph.ga.gov
3. Please allow 3-5 business days for processing.

****Note: Registry information is confidential and will not be released to third parties.**

REQUESTED IMMUNIZATION RECORD INFORMATION

Last Name & Suffix if applicable (Jr, Sr, III, etc)	First Name	Full Middle Name	Maiden Name (If applicable)
Date Of Birth (Month/Day/Year)		Gender (Please Circle One) Male Female	
Mother's First Name	Last Name	Maiden Name	
Counties in Georgia where immunizations were given (if known):			

REQUESTED INFORMATION FOR (STATE AGENCY or HEALTHCARE FACILITY)

1. State Agency please provide the following information:
 - If the requestor is a social services agency, please complete the above requested immunization record information section. A fax number, email and a direct telephone number are required for a prompt response.
 - Include all supporting documentation such as: Court Orders; Birth Certificates; Guardianship/Custody; etc., as applicable.
2. Healthcare Provider please provide the following information:
 - If the requestor is an out-of-state health care facility, please complete the above requested immunization record information section and submit it along with a release form to receive an immunization record. A fax number, email and a direct telephone number are required for a prompt response.

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Requestor's Name:	
Requestor's Relationship:	
Current Mailing Address:	
Current Contact Phone Number:	
Email Address:	
Fax Number:	
Requestor's Signature:	Date: