



Dedicated to protecting and improving the health and environment of the people of Colorado

**Request to Release Immunization Record from the
 Colorado Immunization Information System**

A patient may request copies of their immunization record¹ by completing this form, having it notarized, and submitting it to the Colorado Immunization Information System, along with a legible photocopy of their driver's license or other secure and verifiable document². *Incomplete forms, forms without proper ID, and forms that are not notarized will not be accepted.* If the requested record is found in CIIS, it will be securely transmitted to the requestor via fax, mail or in-person.

Please mail or deliver to:
 Colorado Department of Public Health and Environment
 Colorado Immunization Information System (DCEED-IMM-A3)
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530

Fax to: 303-758-3640
 Email to: CDPHE.CIIS@state.co.us

Patient Information

Full Name: _____ Date of Birth: _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____ Fax: _____ Email Address: _____

Reason Needed

Medical Care Legal Reasons School Insurance Other _____

If requesting the release of own Immunization Record:

I, _____, request the release of my Immunization Record from the Colorado Immunization Information System.
 (Please Print Name)

If requesting the release of a child's Immunization Record:

I, _____, certify that I am the parent, legal guardian, or person vested with legal custody or decision-making
 responsibility for the medical care of a minor for _____.
 (Please Print Name) (Child's Name)

 (Patient, Parent, or Guardian's Signature) (Date)

The Signature of Patient has been subscribed and affirmed before me in the county of _____, State of Colorado, this
 _____ day of _____, 20____

 (Notary's Official Signature)

 (Commission Expiration Date)

Affix Notary Seal

¹Colorado Revised Statute (CRS) § 25-4-2403(3)(c) authorizes the release of immunization records and epidemiological information to the individual who is the subject of the record, to a parent of a minor individual or a person vested with legal custody of a minor or decision-making responsibility for the medical care of a minor, or other adult person responsible for the care of a minor in this state as defined in CRS § 25-4-1704.

²A secure and verifiable document means, "A document issued by a state or federal jurisdiction or recognized by the United States Government and that is verifiable by federal or state law enforcement, intelligence or homeland security agencies." CRS § 24-72.1-102(5)

