

# FERPA Protected Educational Records (Immunizations) Release

**Directions:** Complete this form and return it to the Student Health Center in one of the following ways:

Mail or drop by to:                      Phone 573-882-9109  
Student Health Center                      Fax to 573-882-5370  
1020 Hitt St. DC800.00                      Email to umhsshcmedicalrec1@health.missouri.edu  
Columbia, MO 65212

The Family Educational Rights and Privacy Act (Buckley Amendment) prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information) without the written consent of the student or as specified by other exceptions such as subpoenas and court orders. Please see these web sites for full explanation and regulatory exceptions:

- [University of Missouri Registrar System](#)
- [University of Missouri System](#)

All permissions granted will stay in effect until revoked in writing by the student or the student chooses to restrict directory information in myZou.

I authorize the University Student Health Center (SHC) to release the immunization information originally submitted for the purposes of compliance with University immunization policies.

Please release them via (check one):  
      \_\_\_ phone    \_\_\_ mail, or    \_\_\_ fax

To:

\_\_\_\_\_  
Name of Authorized Person or Institution

\_\_\_\_\_  
Phone Number (including area code)

\_\_\_\_\_  
Fax Number (including area code)

\_\_\_\_\_  
(Address/Street)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
Student printed name (first, middle, maiden, last)

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Student phone number (including area code)

\_\_\_\_\_  
Student number



Release completed by \_\_\_\_\_