



Montana Immunization Information System Authorization to Release



To obtain your immunization record, first check with your health care provider or your local county health department. If they are unable to provide you with your immunization history, or you are unable to access these organizations, you may complete this form.

INCOMPLETE AUTHORIZATION FORMS WILL NOT BE PROCESSED

MAIL TO: Montana DPHHS Immunization Program
P.O. Box 202951
Helena, MT 59620 - 2951

FAX TO: (406) 444-2920
EMAIL: hhsphsiis@mt.gov

Section I Patient Information

Patient Name: Last First Middle
Other Name(s) Used (Maiden or previous married name):
Date of Birth: Male Female No longer a Montana resident
Address: Street City State Zip Code

Section II Receiving Organization Information (Where to send the official immunization record)

Person or Organization to Receive Immunization Record:
Phone: Fax:
Mailing Address: Street City State Zip Code
Immunizations Should be Sent To the Listed: Fax Mailing Address

Section III Requestor Information

Requestor Name: Last First Middle
Phone Number: Relationship to the Patient:
Reason for Request:
Address: Street City State Zip Code

I request and authorize the Montana Immunization Program to release this patient's immunization record from Montana's Immunization Information System (IIS), imMTrax, to the person or agency above. I declare the information above is correct and that I am authorized to sign this release on the patient's behalf. I understand that the requested information will be faxed or mailed to the designated number or address listed above.

Signed On:
Signature of Patient (or Parent, Legal Guardian or Managing Conservator for a Child). Electronic or electronically generated signatures not accepted.

Section IV For Official Use Only

Date Searched/Released: By:
Records Released Record Not Found Record Found But No Immunizations Reported

Notice: Records requests expire 30 days after the date the requestor authorized and signed the release form. One authorization form per immunization records request. Future requests will require a new records release form.